

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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COMMITTEE ON SCIENTIFIC WORK

75TH ANNUAL SESSION

California Medical Association AT LOS ANGELES

Tuesday, May 7 - Friday, May 10, 1946

Make note of these dates on your Calendar.

The official headquarters of the next annual session of the California Medical Association to be held at Los Angeles, Tuesday, May 7 through Friday noon, May 10, 1946, will be the *Hotel Biltmore*, 515 South Olive Street (Olive, between Fifth and Sixth Streets), Los Angeles. Because of postwar conditions and prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Hotel Biltmore follows:

Hotels	Telephones
<i>Alexandria Hotel</i> , 210 W. Fifth St....	(MAdison 2741)
<i>Ambassador Hotel</i> , 3400 Wilshire Blvd...	(DRexel 7011)
BILTMORE HOTEL, 515 S. Olive.....	(MIdichigan 1011)
<i>Carlton Hotel</i> , 519 S. Figueroa St.....	(MIdichigan 6571)
<i>Chapman Park Hotel</i> , 516 S. Alexandria Ave.	
.....	(FItzroy 1181)
<i>Clark Hotel</i> , 426 S. Hill St.....	(MIdichigan 4121)
<i>Gates Hotel</i> , 831 W. Sixth St.....	(TRinity 3931)
<i>Hayward Hotel</i> , 206 W. Sixth St.....	(MIdichigan 5151)
<i>Mayfair Hotel</i> , 1256 W. Seventh St.....	(FItzroy 4161)
<i>Mayflower Hotel</i> , 535 S. Grand Ave....	(MIdichigan 1331)
<i>San Carlos Hotel</i> , 507 W. Fifth St.....	(MUtual 2291)
<i>Savoy Hotel</i> , 601 W. Sixth St.....	(MAdison 1411)
<i>Stillwell Hotel</i> , 838 S. Grand Ave.....	(TRinity 1151)
<i>Town House</i> , 639 S. Commonwealth Ave.	
.....	(EXposition 1234)
<i>William Penn Hotel</i> , 2208 W. Eighth St.	
.....	(EXposition 3181)

A.M.A. Session

American Medical Association will hold its annual session this year in San Francisco. Dates: Monday, July 1 - Friday, July 5, 1946.

† For complete roster of officers, see advertising pages 2, 4, and 6.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (55)

Alameda County (3)

Larsen, Loren J., *San Francisco*
Neustadter, Rudolph, *Oakland*
Peters, Harry E., Jr., *Oakland*

Los Angeles County (42)

Adler, Denis C., *Los Angeles*
Afflerbaugh, Jack Kenneth, *Pomona*
Alexander, Harold B., *Los Angeles*
Asher, Leonard M., *Beverly Hills*
Ashley, Mina Marie, *Huntington Park*
Bachman, George Willaim, Jr., *Van Nuys*
Blacker, Morris R., *Los Angeles*
Brodkin, Myer F., *Pacific Palisades*
Byram, Roy Mack, *Long Beach*
Conner, Lyman H., *Burbank*
Christman, Robert H., *Whittier*
Diskin, Herman E., *Los Angeles*
Dockham, Charles William, *Los Angeles*
Eastman, Verne E., *Long Beach*
Exelby, Paul A., *Whittier*
Fishman, Harold C., *Los Angeles*
Forde, Wells E. A., *Los Angeles*
Getz, Horace R., *Pasadena*
Gilbert, Wallace G., *Downey*
Goggin, Chester W., *Los Angeles*
Guth, Harvey K., *Los Angeles*
Heaney, N. Sproat, *Tarzana*
Horowitz, William, *Beverly Hills*
Kaplan, Louis Harvey, *Los Angeles*
Kildebeck, Jerry C., *Huntington Park*
Knox, Lawrence M., *Pacific Palisades*
Leff, Meyer Isaac, *Santa Monica*
Lerner, Milton, *San Fernando*
Mayer, J. DeCosta, *Los Angeles*
Parker, Donald DeWitt, *Pasadena*
Paxman, Curtis R., *Norwalk*
Popovich, Stephen J., *Los Angeles*
Richards, Paul S., *Pasadena*
Rossen, Allan Morris, *Los Angeles*
Spritzler, Ramon J., *Los Angeles*
Vixie, Loren O., *Los Angeles*
Walt, Richard W., *Los Angeles*
Watkins, Albe M., *Montrose*
Weir, John J., *Glendale*
Winer, Louis Harry, *Beverly Hills*
Winsor, Travie, *Los Angeles*
Wyatt, Bernard L., *Los Angeles*

Orange County (1)

Unger, John B., *Santa Ana*

Placer-Nevada-Sierra County (1)

Smith, Judith D., *Colfax*

San Francisco County (8)

Broderick, Thomas A., *San Francisco*
Conlan, Francis J., *San Francisco*
Dennis, Robert Lee, *Philadelphia, Pennsylvania*
Diamond, Bernard Lee, *San Francisco*
Eaker, Alan B., *San Francisco*
Galgiani, John V., *San Francisco*
Hawkins, George William, *San Francisco*
Rittenberg, Beatrice M., *San Francisco*

Transfers (9)

Blount, Lester L., from *Monterey County* to *Orange County*
Farber, Jason E., from *San Francisco County* to *Alameda County*
Silverglade, Alexander, from *Alameda County* to *Los Angeles County*
Sinay, Henry R., from *Fresno County* to *Los Angeles County*
Smith, R. Esmond, from *San Bernardino County* to *Los Angeles County*
Tirico, Joseph G., from *Santa Barbara County* to *Orange County*
Wheeler, Dorothy F., from *San Francisco County* to *Butte-Glenn County*
Woro, Benjamin, from *Merced County* to *Contra Costa County*
Yahn, III, George W., from *Fresno County* to *Ventura County*

Resignations (1)

Schussler, Herman, Jr., *San Francisco County*

In Memoriam

Blood, John Nelson. Died at San Mateo, December 26, 1945, age 57. Graduate of the College of Physicians and Surgeons of San Francisco, 1914. Licensed in California in 1915. Doctor Blood was a member of the San Mateo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Brazda, Ctimir Silas. Died at Los Angeles, December 8, 1945, age 46. Graduate of the University of Illinois College of Medicine, Chicago, 1942. Licensed in California in 1943. Doctor Brazda was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Bullock, Annie Sophia. Died at Alhambra, December 7, 1945, age 72. Graduate of the Woman's Medical College of Pennsylvania, Philadelphia, 1912. Licensed in California in 1913. Doctor Bullock was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Clark, James Harvey. Died at Linz, Austria, December 11, 1945, age 48. Graduate of Johns Hopkins University School of Medicine, Baltimore, Maryland, 1936. Licensed in California in 1939. Doctor Clark was a member of the Monterey County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Evans, Newton Gurdon. Died at Los Angeles, December 19, 1945, age 71. Graduate of Cornell University Medical College, New York, 1900. Licensed in California in 1915. Doctor Evans was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Franklin, Walter Scott. Died at Santa Barbara, January 2, 1946, age 67. Graduate of the Cooper Medical College, San Francisco, 1898. Licensed in California in 1898. Doctor Franklin was a member of the Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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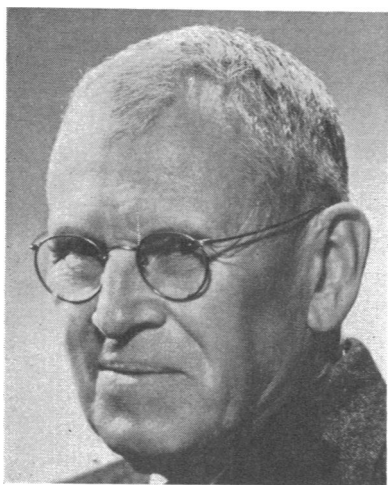
Green, Carl Victor, Jr. Died at Inglewood, December 18, 1945, age 45. Graduate of the University of Southern California School of Medicine, Los Angeles, 1933. Licensed in California in 1933. Doctor Green was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Jackson, Josephine Agnes. Died at Palo Alto, December 31, 1945, age 80. Graduate of Northwestern University Woman's Medical School, Chicago, 1896. Licensed in California in 1905. Doctor Jackson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARY



Newton Gurdon Evans
1874—1945

Newton Gurdon Evans was born in Hamilton, Missouri, June 1, 1874. He received his medical degree from Cornell University Medical School in New York in 1900. Early in his medical career he began work in the field of pathology, and after having taught this subject for a short period of time at the old American Medical Missionary College in Battle Creek, Michigan, he moved to Tennessee in 1908, where he taught pathology at the University of Tennessee School of Medicine until 1911.

Dr. Evans accepted an invitation to join the College of Medical Evangelists, in which school he became president and professor of pathology in 1914. He remained professor and head of the department of pathology until the time of his death. When Dr. Percy Magan was made president of the school in 1927, Dr. Evans became dean, in which capacity he served until 1931. He was pathologist and director of the laboratory at the Los Angeles County Hospital between 1931 and the time of his retirement on June 30, 1944. At that time he again became dean of the College of Medical Evangelists, in which capacity he served for one year, but on account of failing health was forced to relinquish these responsibilities.

As a teacher of medical students Dr. Evans was outstanding. As a scientist he made many contributions to medicine, and among those who knew him best he was always respected for his complete honesty and his sturdy integrity.

He was a bibliophile of no mean ability, and his continued interest in many libraries caused him to be appointed as one of the counselors for the Surgeon General's Library.

He was a Fellow of the American Medical Association and of the American College of Physicians. He was a member of the American Society of Clinical Pathologists, the Los Angeles Academy of Medicine, the Los Angeles Pathological Society, the Los Angeles Cancer Society, the American Association of Pathologists and Bacteriologists, as well as having membership in the Los Angeles County Medical Association and in the California State Medical Association.

He died in Los Angeles on December 19, 1945, from carcinoma. He is survived by a son, Dr. William D. Evans, who is an instructor in internal medicine in the College of Medical Evangelists, and by a daughter, Mrs. Howard A. Ball, of San Diego, California.

COMMITTEE ON HISTORY

Los Angeles County Medical Association Celebrates Its 75th Anniversary in a Diamond Jubilee Banquet

The Bulletin of the Los Angeles County Medical Association of January 17, 1946, contained the following full page announcement:

Diamond Jubilee Banquet—Jan. 31

MAKE YOUR RESERVATIONS NOW!

On Thursday evening, January 31, 1871, the Los Angeles County Medical Association was organized.

On Thursday evening, January 31, 1946, the Los Angeles County Medical Association will observe its seventy-fifth anniversary at a Diamond Jubilee Banquet at the Biltmore Bowl.

A most interesting and entertaining program has been arranged—largely historical in character to bring together many members who remember well the happenings of years ago.

This will be followed by the complete Bowl program of excellent entertainment, and dancing.

If you have not made your reservations, make them now.

The price is \$6.00 per plate. No extra charge for entertainment.

Dinner at 7 o'clock, sharp.

The Los Angeles County Medical Association invited the officers and council of the California Medical Association to be guests on this occasion. C.M.A. Council will hold a meeting on next day, February 1. Concerning the banquet, more in a later issue of CALIFORNIA AND WESTERN MEDICINE.

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From the January 17 issue of *The Bulletin*, also the following historical comment by its editor, Secretary E. T. Remmen:

IN RETROSPECT

As the Los Angeles County Medical Association completes its first 75 years of existence, a backward glance at a few of its accomplishments may be of interest.

The society had scarcely been named in 1871 when it undertook the literally Herculean chore of cleaning up the pueblo of Los Angeles. Cholera, typhoid, smallpox

and various "malarious" diseases were rampant, nourished by fly-infested piles of refuse and garbage left to rot or be eaten by passing animals. Dead dogs and cats lay in the streets until the stench forced their removal. A cemetery on the hill just north of the little city sent the runoff from unembalmed bodies into wells which furnished drinking water. Sewage, discharged into open ditches or zanjas, was used to irrigate and fertilize vegetable gardens between Los Angeles and the sea. Yellow fever and bubonic plague were constant threats. The citizenry, moreover, had scant knowledge of sanitation and saw no reason to adopt expensive and, as they saw it, wasteful methods of sewage disposal.

Seven physicians, members of the new society, by a forceful program of education and persuasion brought about a change. As the group slowly grew, others added their voices and Los Angeles became a clean and wholesome city. Sewage was piped to the ocean, garbage heaps eliminated, and the cemetery moved. Our sewage disposal still leaves much to be desired, but public opinion, informed and enlightened by the medical profession, no longer tolerates filth. No public official could now remain long in office if he allowed motives of profit to outweigh those of public safety and sanitation. Vaccination against smallpox, for which our early members fought, is now an accepted procedure, opposed only by occasional crackpots.

The health departments of the city and county were founded and continued at the insistent demand of the Association. Without its cooperation and support, they would quickly have succumbed to the forces of ignorance and commercialism. Some of our most outstanding members have served as health officers, either part or full time. Their accomplishments have been notable, but not gained without struggle. Cleaning up the milk and meat supply, the inspection of restaurants and food handlers, proper garbage and sewage disposal, sanitary plumbing and numerous other advances have all cost someone money and have all been bitterly opposed. The Association, through the years, has invariably supported our health officers in matters which properly come within their purview, but has quickly and effectively curbed their occasional attempts to engage in the treatment of other than communicable disease. Our Medical Milk Commission has established a standard for certified milk which is the envy of most cities.

The county hospital, now an admirable institution, was not always so. As recently as 1911, our Association recommended to the Board of Supervisors that tuberculosis wards be screened, that manure piles be abolished, and internes provided with medical journals and books. Our society has steadily, quietly and consistently brought about improvements in all our public charitable institutions by presenting facts and logical arguments to public officials, or if that failed, to the public. By contrast, the periodic "exposes" of hysterical and unscrupulous newspapers have merely undermined public confidence in these institutions which are truly the refuge of the poor in their hour of need.

Among the early accomplishments of our Association was the establishment by its members of the College of Medicine of the University of Southern California. This took place in 1885. The prime mover was Dr. Joseph Pomeroy Widney, one of the Association's founders and the first Dean of the college. This school, although small and with limited funds, from the first had entrance and graduation requirements second to none in the United States. Almost every member of the Association at that time had a part in the work of teaching. Much of the clinical instruction, then as now, was given at the County Hospital and served to bring its standards abreast of the times. Apart from the fact that it trained many young men and women who became eminent physicians, the col-

lege played an invaluable rôle in carrying the gospel of modern medical science to the public. In recent years the same institution, reorganized, has continued its excellent work, in which it has been joined by the College of Medical Evangelists.

To recount something of the Association's attainments, its development of scientific sections, the growth of its library, the building of a permanent home, its assistance to hospitals and clinics desiring to establish high standards, its battles in behalf of sound medical legislation and a hundred other activities, has been the aim of the writer and his associates in preparing the brief history of the Los Angeles County Medical Association which will soon be in the hands of members and *Bulletin* subscribers. Space limitations have prevented the inclusion of much material, biographical and scientific, which would have added to the value of the volume. If the work stimulates greater interest in the Association, it will be well worthwhile. Possibly another history, written from the biographical viewpoint, may some day be prepared.

Much remains for the future. Great discoveries have been made; greater ones are to come. Chemotherapy is only beginning. Public understanding of the possibilities of medical science is limited and confused. Only through education of the people can quackery and charlatanism be eliminated. Medical organizations must continue to resist the schemes of politicians and misguided reformers to submerge medicine in a vast bureaucracy. Attempts to distribute the cost of serious illness through voluntary insurance are proceeding apace and should render compulsory health insurance superfluous.

A glorious future beckons to Medicine. Let us make our Association's part in that future one of which its noble founders would be proud.—E.T.R.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Proposed Change in the Constitution of the Woman's Auxiliary to the California Medical Association

(Approved by C.M.A. Council on January 9, 1946.)

Article 5—Board of Directors:

Insert Section 6:

(a) In the event death, resignation or other reason causes the office of the President to become vacated; the President-Elect, in conjunction with the duties of that office, shall immediately become President for the unexpired term as well as the succeeding year to which she has been elected.

(b) In the event death, resignation or other reason causes the office of the President-Elect to become vacated; the nominating committee shall within six weeks, nominate and present to the Board of Directors, a candidate for that office at the next meeting of the Board of Directors, this to be placed on the agenda of that meeting. Further nominations may be made from the floor. When necessary, election may be held by mail vote.

(c) In the event the office of President-Elect becomes vacated within six weeks of the annual meeting, the nominating committee shall nominate and present for election a candidate for that office to the House of Delegates. Further nominations may be made from the floor.

(d) In the event the office of First Vice-President, Second Vice-President, Recording Secretary or Treasurer becomes vacated, the Board of Directors shall elect some active member of the Auxiliary to serve the unexpired term of said office.

(e) Vacancies occurring among the offices of Councilor-at-Large, District Councilors and committee chairmen shall be filled by appointment of the President, subject to the approval of the Board of Directors.

(f) To be eligible for election, succession or appointment as President or President-Elect, a member must have served as an officer or as a chairman of a standing committee for at least one year.

Article IX, Section 1:**At present reads:**

A Nominating Committee shall be elected each year in advance and shall consist of five members. Two of these members shall be elected by the Board of Directors at the Fall Board meeting and three, to be members-at-large, shall be elected by the House of Delegates. The Chairman shall be designated by the Board of Directors.

For sake of clearness, shall read:

A Nominating Committee shall be elected each year in advance and shall consist of five members. Three of these shall be members-at-large elected by the House of Delegates at the annual meeting, and two will be elected by the Board of Directors at the Fall Board meeting. The chairman shall be designated by the Board of Directors.

Article XI—Meetings, Section 6:**At present reads:**

The fiscal year shall correspond with the fiscal year of the Woman's Auxiliary to the American Medical Association, to wit, April 1 to March 31.

Because of the date of the annual meeting in California, shall read:

The fiscal year shall be from June 1st to May 31st.

Article XII, Section 2:**Now reads:**

The annual assessment of dues shall be payable on or before January 1 of the year for which they are levied, and shall be delinquent after March 15 of that year.

Shall read (because of changes in the National Constitution):

The annual assessment of dues shall be payable on or before January 1 of the year for which they are levied, and shall be delinquent after February 15 of that year.

Article XII, Section 3:**Now reads:**

On or after March 20 of each year, the State Treasurer shall forward the State per capita assessment as fixed by the National Auxiliary, to the National Treasurer.

Shall read (because of changes in the National Constitution):

On or before March 15 of each year, the State Treasurer shall forward the State per capita assessment as fixed by the National Auxiliary, to the National Treasurer.

Article XV—Amendments:**Now reads:**

The Constitution may be amended at any regular annual meeting of this Auxiliary by a two-thirds vote of the members of the House of Delegates present and voting, PROVIDED, a copy of the proposed amendments shall have been mailed to each member of the Board of Directors and to the Secretary of each County Auxiliary at least sixty (60) days prior to the date of said meeting; and PROVIDED FURTHER, that said amendments shall have been published at least once in "California and Western Medicine" at least three months prior to the adoption thereof; and PROVIDED FINALLY, that such amendments shall, prior to the adoption thereof, have been approved by the Council of the California Medical Association evidenced by resolution thereof.

Shall read (because the Auxiliary no longer has space in "California and Western Medicine"):

The Constitution may be amended at any regular annual meeting of this Auxiliary by a two-thirds vote of the members of the House of Delegates present and voting; PROVIDED, a copy of the proposed amendments shall have been mailed to each member of the Board of Directors and to the Secretary of each County Auxiliary at least sixty (60) days prior to the date of said meeting, and PROVIDED FURTHER, that said amendments shall have been published at least once in either "California and Western Medicine" or the "State Courier" or both, at least three months prior to the adoption thereof; and PROVIDED FINALLY, that such amendments shall, prior to the adoption thereof, have been approved by the Council of the California Medical Association evidenced by resolution thereof.

C.M.A. Woman's Auxiliary—Annual Meeting

At this year's annual session of the California Medical Association, to be held in Los Angeles on May 7-May 10, 1946, the Woman's Auxiliary to the California Medical Association will convene in annual meeting. In due course, information will be sent to Component County Units.

CALIFORNIA PHYSICIANS' SERVICE†

Board of Trustees

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Rt. Rev. Thomas J. O'Dwyer, Los Angeles

* * *

Executive Staff

W. M. Bowman, Executive Director
A. E. Larsen, M.D., Medical Director
W. H. Gardenier, M.D., Assistant Medical Director

Veterans' Administration Program of California Physicians' Service

California Physicians' Service has been nationally honored and recognized for the work that it has done in the field of prepaid medical care, through the signing of a contract with the Veterans' Administration. The purpose of the contract is to provide medical care for our veterans in their home communities for service-connected disabilities. (For editorial comment, see page 63.)

The problem of providing adequate medical care to our vast numbers of returning veterans, has been recognized by the Veterans' Administration, as one of the greatest jobs it has been called upon to handle. The existing veteran facilities and personnel have been recognized as inadequate, and the situation has been of national interest. After a Congressional investigation, the Surgeon General indicated that public criticism of this condition had some justification, and gave the responsibility for remedying the defects to Major General Paul R. Hawley. General Hawley is eminently qualified for the work as his past record as Chief of Medical Services in the European theatre of war was one of distinction.

In a realistic approach to the situation General Hawley has secured the aid and services of existing medical service plans. In California, the California Physicians' Service had already developed the administrative structure for the eventual care of the greater part of the states population, and had formal agreements with more than 6,000 physicians; thus, it was a logical organization to assume the responsibility for supplementing the needs of the Veterans' Administration.

It was the express opinion of the officials in Washington, that they desired to work through organized medicine. After lengthy negotiations, considering the aspects of the Veterans' Administration Act, California Physicians' Service developed a contract which has been approved by General Hawley.

The overall contract provides for the care of veterans, for service incurred disabilities, in their home communities. It places veterans in California who otherwise would be cared for through government agencies, under the care of private physicians who are members of C.P.S. The physician who renders treatment or makes examinations will be paid by the California Physicians' Service at the full par unit value of its established fee schedule. California Physicians' Service will in turn then bill

† Address: California Physicians' Service, 153 Kearny Street, San Francisco, Telephone EXbrook 0161.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization through W. M. Bowman, Executive Director.

the Veterans' Administration for reimbursement of the funds expended. The contract provides for funds, allotted over and above the fee schedule to care for administrative expenses.

It is the express desire of the Washington office, and also of the Regional Offices of the Veterans' Administration, that the operations of the plan should be worked out as quickly as possible, with the elimination of as much red tape as possible. Emphasis has been placed on the simplification of procedures, so as not to inconvenience the physicians, or the veteran. Old, established procedures that have been used by the Veterans' Administration for many years have been discontinued completely, in the interest of achieving this objective. Thus, the responsibility of developing a smooth and simple administrative plan will fall upon California Physicians' Service, in cooperation with the Veterans' Bureaus. The experience gained by California Physicians' Service over its seven years of operation in designing administrative techniques of caring for large numbers of people should prove invaluable.

The American Legion, which was a staunch ally of C.P.S. in opposing compulsory health insurance during the past legislative hearing, is vitally interested in the program, and has expressed a desire to work closely with C.P.S., as the plan develops.

Following the example of California and Michigan, who signed contracts almost simultaneously other states in the union should follow rapidly, using much the same pattern developed by these two plans. Thus, there will be developed, in a relatively short period of time what may be termed almost a national health program.

We have accepted the responsibility with confidence that our training and experience in this field will prove satisfactory to the Veterans' Administration, and the veteran.

Respectfully submitted,
WM. M. BOWMAN, *Executive Director,*
California Physicians' Service.

California Veterans Will Get Home Town Medical Care Through C.P.S.

Washington, Jan. 9.—(AP.)—The Veterans' Administration and medical men announced last night that California ex-soldiers will get home town medical care. It is the second such Statewide plan.

The new system was inaugurated by a Michigan contract with a physicians' organization 10 days ago. California has 1,350,000 veterans.

Cites Doctor Shortage

General Paul R. Hawley, chief medical director of the administration, told reporters the plan is necessary because the agency has not enough doctors. Approximately 90,000 veterans already are getting care in government institutions.

The plan also will permit the men to receive treatment for their service connected disabilities in their home towns from their own physicians without having to travel to distant medical centers.

Ex-servicemen personnel of both World Wars and the Spanish-American War are eligible, explained Mr. W. M. Bowman, executive director of the California Physicians' Service, associated with the California Medical Association.

Under the plan, Mr. Bowman told reporters, the physicians' services are paid for by the Veterans' Administration according to a set fee schedule of prevailing rates.

It works like this: A veteran may apply to his doctor or the Veterans' Administration in his own town. The latter decides if the injury comes of military service. If so, the veteran's physician may treat him. The bill goes

to the Physicians' Service, a nonprofit, prepayment organization. It collects the doctor's fee from the Veterans' Administration and sends it to him.—*Sacramento Bee*, January 9.

Letter From Major General Paul R. Hawley

(COPY)

VETERANS' ADMINISTRATION

Washington 25, D. C.

Department of Medicine and Surgery

January 15, 1946.

Dr. George H. Kress, Secretary-Editor,
California Medical Association,
2004 Four-Fifty Sutter,
San Francisco 8, California.

Dear Dr. Kress:

Thank you for your letter of 9 January enclosing the item from the "San Francisco Chronicle" and the advance proof of an editorial appearing in the January issue of your publication.

I am very appreciative of the cooperation tendered us by the California Physicians' Service and feel sure that they will aid materially in giving good medical attention to the veterans.

With kind regards, I am,

Sincerely yours,

(Signed) P. R. HAWLEY,

Major General, A.U.S.,

Acting Chief Medical Director.

Montana Organizes a Volunteer Health Insurance Plan

Montana physicians have set in motion plans for a low cost, voluntary health insurance program patterned after the California Physicians' Service, according to Dr. C. L. Cooley, secretary of the board of trustees of C.P.S., who has returned to California after a meeting in Butte, Montana, where he outlined the success of the California plan to the members of the Montana State Medical Association.

An explanation of California's prepaid medical plan, he said, resulted in the decision to start operation of the Montana Physicians' Service on March 1.

"Montana's physicians were attracted to the California plan," said Dr. Cooley, "because of the great growth of the voluntary health program in our State. It is a recognition of the soundness of the voluntary system as against compulsion or State medicine."

William Bowman, executive director of C.P.S., who accompanied Dr. Cooley, was authorized to contract with the Veterans' Administration for medical care of Montana veterans. The agreement, it is understood, will be identical with the one Mr. Bowman recently arranged for California. Starting on February 1, it provides veterans with home-town medical care at government expense for service-connected disabilities which do not require hospitalization, with the right to choose their own doctors.

Aimed at slashing red tape and eliminating delays, the service will be available to participants of World Wars I and II and the Spanish-American War.

Sam English, manager of the California Physicians' Service San Diego office, has been named Montana director.

Fee Schedule V.A.-C.P.S.—Fee schedule of V.A.-C.P.S. may appear in the March issue of CALIFORNIA AND WESTERN MEDICINE.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Refresher Training for Doctors Leaving Service

Refresher training of 12 weeks' duration will be given Army doctors leaving the service who desire to brush up on latest developments in fields of medicine, surgery, or neuropsychiatry in which they may not have been actively practicing during the past year, Major General Norman T. Kirk, Surgeon General of the Army, recently announced.

This training, which will prepare retiring Army doctors for return to private practice with latest knowledge of medical advances made during the war, will be given at Army hospitals until June 30, 1946. Reserve Corps, National Guard, and A.U.S. Medical Corps officers who are to be separated will be eligible for this schooling.

The election of the period of refresher training is entirely voluntary, and applications may be made through channels to the Surgeon General in the case of medical officers assigned to the Army Service Forces, Army Ground Forces and Army Air Forces. Medical officers returning from overseas may make application for refresher training from the Reception Stations or Separation Centers through the A.S.F. Liaison Officer directly to the Surgeon General. It is pointed out that medical officers cannot be recalled to active duty from terminal leave for the purpose of accepting a professional assignment for refresher training.

Numerous requests have been received by the Surgeon General from Reserve Corps, National Guard, and A.U.S. Medical officers who are about to be separated and who desire to remain in service for a short period of professional duty prior to return to civilian life. These officers are anxious to return to their civilian practices with the advantages of the latest medical knowledge. Due to the tremendous demand for refresher training placed upon civilian medical teaching centers, many of these medical officers have been unable to arrange for refresher training.

The Surgeon General emphasizes the fact that the refresher training is accomplished by a 12-week temporary duty assignment in the professional field of interest at an Army hospital without per diem. Such an assignment will afford the medical officer a period of clinical work under supervision, and excellent opportunities for collateral study of recent advances in medicine, surgery, and neuropsychiatry.

(Ed. Note.—For additional information concerning courses available in California, see in this issue in department of Committee on Postgraduate Work on p. 96.)

Army Will Call 5,000 Young Medical Officers to Duty

More than 5,000 young medical officers trained under the army specialized training program will be called to active duty July 1st to replace medical corps officers eligible for discharge, the war department announced on January 8.

The A.S.T.P. graduates are now taking internships and occupying residencies in civilian hospitals. After July 1st they will not be continued on inactive status for these purposes.

Notice has been sent to the hospitals where they are training so they may make arrangements for replacements.

Approximately 3,300 enlisted men now assigned to

A.S.T.P. units for medical training will receive their doctors' degrees by July 1, 1946, when the A.S.T.P. medical program will be discontinued. This group will be called to active duty upon completion of internships.

Enlisted men now taking freshmen, sophomore and junior medicine will be separated from the program in March. Those who plan to continue medical studies will be transferred to other military duties and continue on active duty until eligible for separation.

More than 4,500 medical officers now serving with the medical department of the army were trained as enlisted men under the A.S.T.P. A small number of A.S.T.P. graduates with physical defects barring them from service with the armed forces as medical officers have been assigned to the Veterans' Administration.

On: Problems Related to Return of Military Colleagues to Civilian Status

To: U. S. Army, Procurement and Assignment Service, and Others Concerned.

From: C. R. Bird, M.D., Indiana Chairman, Procurement and Assignment Service, 1021 Hume Mansur Building, Indianapolis 4, Indiana.

Subject: *Reply to Communication from a Group of Overseas Medical Officers*

1. The enclosed condensed copy of a letter was received from a group of medical officers in the E.T.O. Because of its wide distribution and for the purpose of clarification, it calls for a reply.

2. The Army is not concerned with socialized medicine. The people will decide that issue. Of real concern is the fact that doctors released from service are not returning to former locations in smaller towns. Young men wish to qualify for one of the specialty boards and will locate in larger centers. If the profession does not meet the need of rural communities, it will be met for us by unfriendly agencies.

3. It is impossible to decide from a remote sector of the world what the policies of the Surgeon Generals' Office shall be, for this requires experience and an overall knowledge.

4. Medical Officers as a group cannot be singled out for priority; there are thousands of officers in other branches, and tens-of-thousands of G.I.'s who also want to get back to the United States. Many factors enter into demobilization, not the least of which is transportation. Ships are loaded to the guard rails; port facilities are taxed to the point of saturation; railway transportation exhausts its every facility; every railway station across the nation is jammed. The Army is doing a splendid job of demobilization, notwithstanding being hounded by the people, the press, and the Congress. During the month of December 1,500,000 men will be returned to the United States. All physicians over 48 are due for immediate release; all with 70 points, and all with 42 months of service (with the exception of certain specialists) are eligible for release within 90 days from December 1, 1945. It is not true that those within the United States are shown favoritism. By July 1, 1946, only 11,000 doctors will remain in service. By January 1, 1946, twenty-three of the sixty-five general hospitals in the U. S. will be closed.

5. Hundreds of military installations throughout the world must be staffed. The 27 separation centers must have several thousand medical officers for examinations and review boards.

6. *The most severe criticism that could be directed toward the Army would be for neglect of the sick and wounded. The peak of this load was 318,000. They must*

remain in hospitals until maximum improvement has been attained.

7. All A.S.T.P. and V-12 trainees and all other eligible graduates in medicine will be on active duty by July 1, 1946.

Mortality Rates of Physicians in Active Military Service

Death Claimed Approximately 4,015 Doctors As Compared With 3,415 During '44; Heart Disease Leading Cause

Death claimed approximately 4,015 physicians during 1945 as compared with 3,415 the previous year, according to the January 19 issue of *The Journal of the American Medical Association*.

On the basis of an analysis of 2,962 obituaries published in *The Journal* during the year, it was found that the average age at death was 65.3, the same as in 1944. The majority of the physicians—494—died between the ages 70 and 74.

Heart disease continued to lead the causes of death among physicians. Coronary thrombosis and occlusion accounted for 655 deaths, 246 occurring between the ages 60 and 69. Cancer and tumors accounted for 296, and pneumonia claimed 145 doctors.

Of the 25 suicides recorded, 11 were the result of bullet wounds, three of a cut artery and three of drugs. There were 87 accidental deaths and 33 of them involved automobiles.

Among the decedents were 256 who had been teachers in medical schools, of whom 97 had reached professorial status. There were eight deans, one of whom had also been president of a medical college, two principals of a high school, two teachers in public schools, one of whom had been head of the business and practice department of the city's high schools, and 78 members of education boards. One hundred and forty-four had been health officers.

The 2,962 *Journal* obituaries included 116 physicians who were killed in action during World War II and 118 who died while in military service. Nineteen physicians lost their lives in the Pacific area, 13 in Germany, 12 each in the European Theatre of Operations and in France, and 11 in Okinawa, including six who were lost in the attack on the *Comfort*.

Of the 118 physicians who died while in military service, aircraft accidents caused the deaths of 22 and vehicle accidents of 10. Heart disease accounted for 25 deaths, 12 of which were attributed to coronary thrombosis. Cancer caused 13 deaths.

The 116 deaths classified killed in action give an average age of 33.0, while the 118 who died while in military service average 40.1. By combining the two, an average age of 36.6 is noted.

Of the seven U. S. Public Health Officers whose deaths were recorded, one died when he slipped on the Jacob's ladder while assisting wounded aboard ship and one when his ship was destroyed by enemy action.

Fourteen More Army Hospitals to Close by March 31, 1946

Fourteen additional Army General Hospitals, three annexes to General Hospitals and four Convalescent Hospitals will be closed by March 31, 1946, according to present Army Medical Department plans, Major General Norman T. Kirk, Surgeon General of the Army, has announced.

In accordance with the Surgeon General's policy of releasing these hospitals as rapidly as the decrease in the

patient load justifies, these units will be offered to the Veterans' Administration or else reported to the Surplus Property Administration for disposal.

Out of a wartime peak of 65 General Hospitals operated by the Army Medical Department, 20 have already been closed. In addition, out of a peak of 13 Army Service Forces Convalescent Hospitals, three have already been closed.

The closing of these fourteen General Hospitals, three annexes and four Convalescent Hospitals will result in a reduction of approximately 38,000 beds in General Hospitals and 6,500 in Convalescent Hospitals.

After the evacuation of all transportable cases from overseas theaters there were approximately 121,400 patients in Army General and Convalescent Hospitals at the first of the year. It is estimated that there will be approximately 39,700 on June 1, 1946. The peak patient load in Army hospitals in the United States was reached in August, 1945, with a total census of 315,000.

There will be a lapse of sixty days between the dates on which the hospitals will be closed and the dates on which they will be declared surplus to the needs of the War Department, in order to allow time for handling transfer of property and other administrative details.

Department of Medicine and Surgery in the Veterans' Administration

With the signing of H.R. 4717 by the President, now Public Law 293, there was created in the Veterans' Administration a Department of Medicine and Surgery under a Chief Medical Director. General Bradley announces that he has designated General Paul R. Hawley to serve as Acting Chief Medical Director. This act will bring professional personnel into an organization comparable with the Army and Navy Medical Corps and the U. S. Public Health Service.

General Bradley immediately authorized the employment of physicians, nurses and dentists to fill existing vacancies. There is an immediate need for 1,125 doctors, 1,200 nurses and 100 dentists.

Among the major provisions are:

1. Specialists certified by V.A. will be paid 25 per cent more salary up to a ceiling limit of \$11,000 a year.
2. Residencies will be set up in V.A. hospitals where younger doctors may study to qualify as specialists. This will mean that veterans will be able to obtain the most up-to-date medical treatment—the same kind as if they were admitted to hospitals connected with the nation's leading medical schools and centers.
3. Promotions will be made on recommendations of special V.A. boards which, in general, compare with the "selection boards" operating in the Army and Navy for higher ranking officers.
4. Appointments of key executives will be for a four-year term, subject to removal by the Administrator for cause. Reappointment will be for the same term.
5. Doctors, dentists, nurses and technicians now employed by the V.A. will be continued on their present jobs pending determination of their qualifications for appointment in the new medical department.
6. Another provision of the act which will permit professional improvement of V.A. medical personnel will allow up to five per cent of such employees to study or do research work for periods of time up to 90 days. This will enable doctors, dentists, nurses and technicians to attend recognized schools or work with the U. S. Public Health Service or other research groups. Officials pointed out that this would enable workers to keep abreast with the very latest developments in their respective fields.
7. Although they are not subject to selection or promotion by Civil Service, the members of the new V.A. Department of Medicine and Surgery will be under the Civil Service Retirement Act of 1920 and will receive its benefits.

General Hawley commenting on the President's action said:

"With the signature of the medical department act,

our objective is clear—a medical service for the veteran that is second to none in the world. Around the splendid nucleus of excellent men and women in the V.A. medical service, we shall build such an outstanding service."

Veterans' Administration Hospitals in California

In reply to a request from the Editor of CALIFORNIA AND WESTERN MEDICINE, Col. James G. Donnelly (M.C.), manager of Veterans' Administration, San Francisco 21, has sent the following information:

"This will acknowledge receipt of your communication of January 3, 1946, in which you request information as to the location of the Veterans' Administration hospitals in California. The following is a corrected list:

Veterans' Administration Hospital, Palo Alto (Neuropsychiatric), Col. P. G. Lasche, Manager.

Veterans' Administration Hospital, Livermore (Tuberculosis), Lt. Col. F. G. Bell, Manager.

Veterans' Administration Center, San Francisco (General Medical and Surgical), Col. James G. Donnelly, Manager.

Veterans' Administration Hospital, San Fernando (Tuberculosis), Dr. S. H. James, Manager.

Veterans' Administration Center, Los Angeles (General Medical, Surgical, Neuropsychiatric, and Domiciliary), Col. R. A. Bringham, Manager.

Home Town Medical Care for Veterans

The sensible and economical home medical service guaranteed to California veterans through agreement between the Veterans' Administration and California Physicians' Service adds to the debt of gratitude the American people owe Veterans' Administrator General Omar N. Bradley.

He is an administrative genius who knows what he wants for the veterans—and gets it. He forced long-needed service reforms in veterans' hospitals. He put an end to political log-rolling in the building and locating of hospitals. And the problem he has licked with the coöperation of California doctors was a knotty one. This state already has 1,300,000 ex-service men and women. Of World War II veterans, nearly 70 per cent claim service-connected disabilities. The great majority are not ill or incapacitated enough to require separation from their homes and jobs in veterans' hospitals, but do need the best in medical service as out-patients, and are entitled to it without delay, red tape or personal cost.

The problem has been solved simply and permanently. After February 1, any veteran determined eligible by the Administration for out-patient care at government expense may go to any C.P.S. doctor for treatment. The doctor will be paid on the basis of a fee schedule set up in the contract between C.P.S. and the Administration.

There are C.P.S. medical men in every community. It is due to the progressiveness of the California Medical Association, which pioneered the field of voluntary pre-paid medical care by organizing and financing California Physicians' Service, that the type and standard of health service sought by General Bradley was in readiness in this State.

Undoubtedly the California program will be a pattern for national emulation. Every veteran whose physical well-being was impaired in the service of this country is certainly entitled to the finest of medical care. And California is indeed fortunate that this service can be provided on a home-town basis, without government regimentation of either the veteran or the medical profession.—*Anaheim Bulletin*, January 17.

Appointment of Medical Department Officers to the Regular Army

The Surgeon General believes that all Medical Department officers, now on active duty, and those who

have been released from the service, will be deeply interested in the provisions of Public Law 281 which provides for the procurement of additional male officers and their integration into the Regular Army. It is hoped that earnest consideration will be given to a career in the Medical Department of the Regular Army by all eligible officers. The provisions of Public Law 281 coupled with the postwar plans for the Medical Department provide for an extremely attractive career with outstanding opportunities for professional advancement, as well as a secure and interesting life.

Some Medical Corps officers have, in the past, been assigned to administrative duties and this has been the most repeated objection to a career in the Regular Army for physicians. The Surgeon General realizes this fact and believes that most physicians are chiefly interested in the practice of medicine. Therefore, policies have been established in an effort to improve the professional medical possibilities involved in a career in the Regular Army Medical Corps.

It is believed that Public Law 281, as recently enacted, offers the necessary inducements for the procurement of desirable Medical Department officers. With the present group of Regular Army Medical Department officers and those made available by the enactment of Public Law 281, the Surgeon General believes that the policies outlined above will allow him to implement his postwar plan for the Medical Department with a resultant highly trained group of professional and administrative officers who will maintain the high standard of medical care which has prevailed during the war.

War Department Circular 392, dated December 29, 1945, prescribes the provisions and procedures with regard to application for and an appointment in the Regular Army.

Applications will be submitted in the following manner: Applications will be submitted so as to reach the Adjutant General's Office, Washington 25, D. C., *not later than March 1, 1946*. Applications must be made on WD AGO Form 62, 1 November 1945. These forms can be obtained from any Army unit or installation headquarters. Applications received by the Adjutant General, Washington 25, D. C., after March 1, 1946, will not be considered. A formal application will be required regardless of whether or not a statement of interest or other form of application has been submitted previously. Each application will be prepared in duplicate.

Advantages of Army Careers for Doctors

The advantages of an Army career for doctors and other officers who are appointed members of the Medical Department under the new law authorizing additional officers for the Regular Army were stressed recently in a statement by Major General Norman T. Kirk, the Surgeon General of the Army.

Under the terms of this recently enacted law, doctors who apply for appointment and meet the requirements will be given commissions in the grades of First Lieutenant, Captain and Major.

The Army expects to attract a competent staff of doctors who will maintain the high standards which have prevailed during the war in the care of the sick and wounded because there are definite advantages for the professional man who elects to serve in the Army, according to General Kirk.

A professional career offering broader possibilities in a larger field than the practice of the average civilian doctor affords is open to the Regular Army Medical Corps Officers, General Kirk pointed out. The policy of the Surgeon General of making all general hospital

centers for certain types of cases and specialty training gives the doctors in those centers exceptionally wide and varied experience.

The Army has been and is now conducting residency-type training which will allow and encourage doctors to advance in their professional qualifications. Opportunities for administrative and field training will also be continued.

It is the policy of the Surgeon General to arrange the training and assignments of Army doctors in a way to help them obtain board certification for specialties from recognized civilian specialty boards. Army fellowships, residencies and special courses are in operation to further this program designed to aid in advancing the personnel of the Medical Department from a professional standpoint. As facilities and opportunity permit, training in recognized civilian institutions will be expanded.

The program of graduate medical education and research for Medical Corps officers can be ascertained in more detail from recent publications of the Office of the Surgeon General or by direct communication to the Director, Educational and Training Division, Office of the Surgeon General.

The security assured the Army doctor will appeal to many professional men, the General explained. There is regular income and regular promotion and also retirement pay, which amounts to 75 per cent of base plus longevity pay for the doctor who has served 30 years or who has reached the statutory age limit. If a man is retired for physical disability at any time during his Army career, he will also receive 75 per cent of his pay at time of retirement for the rest of his life. The Army doctor and his family are also eligible for medical care and hospitalization.

The opportunity to serve in foreign countries will appeal to those who are interested in travel. Wherever there are American forces overseas there will be members of the Medical Department to look after the health of the Army.

Under the new law, any doctor, physically and professionally qualified, who has been on active duty in the Army since Pearl Harbor, and who is under forty-five years of age, is eligible for appointment in the Regular Army, unless he has been separated from the service under other than honorable conditions.

The Adjutant General will direct the applicant to a personnel center where he will be given a physical examination and a general survey test and will be interviewed by a board of officers.

Applications must reach the Adjutant General's office, Washington 25, D. C., not later than March 10, 1946. A formal application made on WD AGO Form 62, 1 November 1945, will be required even if a statement of interest or other form of application has been submitted previously.

Application WD AGO Form 62 can be obtained at any Army installation or unit headquarters or upon written request to the Adjutant General's Office, War Department, Washington 25, D. C.

The applications should be in duplicate. A person on active duty should submit the application in duplicate through his immediate commander. Those not on active duty should apply direct to the Adjutant General, War Department, in Washington, D. C., Attention AGSO-R. Anyone outside the United States should send his application to the Commander of the Theater in which he is located.

Further Army Criteria Reductions for Physician Members of Medical Corps

Further criteria reductions to make additional doctors, dentists and veterinarians available for civilian

practice were announced on December 31, 1945, by Major General Norman T. Kirk, the Surgeon General of the Army.

While the number of professional men affected by this action will not be more than a thousand, the Surgeon General's Office has ordered this revision of criteria in line with the Medical Department's policy of doing everything possible to expedite the return of doctors, dentists, and veterinarians to private life.

Under the new separation plan which became effective January 1, 1946 (with the exception of a comparatively small number in scarce categories) dentists, and veterinarians will be released with a critical score of 65 instead of the 70 points previously required. This same group will also be able to get out of the service, if the age of 45 has been reached instead of the former age limit of 48.

The time factor of 42 months service, which will make any of this group eligible for separation, remains the same.

The following specialists in scarce categories will be released with a critical score of 80, continuous service since Pearl Harbor, or if the age of 45 has been reached: Eye, ear, nose specialists; orthopedic surgeons; and internal medicine specialists.

A requirement of 70 points, 45 months service, or 45 years age limit will make the following eligible for separation: gastroenterologists, cardiologists, urologists, dermatologists, anesthetists, psychiatrists, general surgeons, physical therapy officers, radiologists, and pathologists.

Plastic surgeons will be eligible for release if they have a critical score of 80, or service since Pearl Harbor, or if they are 48 years of age.

Army Institute of Pathology—Army Medical Museum

The Army Institute of Pathology is the central laboratory of pathology for the entire United States Army. It comprises four departments: the Laboratories of Pathology, the American Registry of Pathology, the Army Medical Illustration Service, and the Army Medical Museum. These four departments are administratively coordinated by the Director, who is a colonel in the Medical Corps of the Regular Army. The professional staff consists of more than twenty officers who have been selected on the basis of specialized knowledge. Technical and clerical aid is rendered by a detachment of 30 enlisted men and WACS and 62 Civil Service employees.

The Institute, a division of the Surgeon General's Office, is housed, together with the Army Medical Library, at Seventh Street and Independence Avenue, S.W., Washington, D. C. The present building, erected in 1887, being no longer adequate for the needs of either organization, plans for new and separate buildings are now being prepared.

The Army Institute of Pathology has three principal functions:

- a. It furnishes a consultation service for the diagnosis of pathologic tissue for the entire Army;
- b. It conducts investigation and research on diseases of medico-military importance;
- c. It supplies instruction in pathologic anatomy to Medical Department officers.

General Lull Leaves U. S. Army (M.C.) to Become Associate Secretary and General Manager of American Medical Association

Major General George F. Lull, Deputy Surgeon General of the Army, whose notable record in that capacity

won him the Distinguished Service Medal, the highest noncombatant award, has retired from the Army after 33 years of service with the Medical Corps.

General and Mrs. Lull will move to Chicago, where General Lull will become Associate Secretary and General Manager of the American Medical Association. He will take up his new duties officially in July, when the retirement of Dr. Olin West, the present Secretary and General Manager, becomes effective, but he will immediately join the staff of the American Medical Association to familiarize himself with the work of the organization.

The citation for the Distinguished Service Medal stated that, in his capacity as Chief of the Personnel Service, General Lull was largely responsible for the development of policies and studies which resulted in outstanding achievements in the Army's medical program.

Early in World War I, he commanded a base hospital at Camp Beauregard, Louisiana, and later organized and commanded Base Hospital No. 35 of the A.E.F. From 1922 until 1926 General Lull was Director of the Department of Preventive Medicine at the Army Medical Center. In 1929 he was appointed Medical Adviser to the Governor General of the Philippine Islands, where he served for three years. He had charge of the Vital Records Division of the Surgeon General's Office from 1932 to 1936.

The following four years he was Director of the Department of Sanitation at the Medical Field Service School, Carlisle Barracks, Pennsylvania. In 1940 he returned to the Surgeon General's Office as Chief of Personnel Service until May 31, 1943, when he was appointed Deputy Surgeon General.

Born in Pennsylvania March 10, 1887, General Lull received his M.D. degree from Jefferson Medical College in 1909, a Certificate of Public Health from Harvard Technology School of Public Health in 1921, and his degree of Doctor of Public Health from the University of Pennsylvania in 1922. He is an honor graduate of the 1913 class of the Army Medical School.

U. S. Public Health Service: Vacancies in Reserve Corps

Appointments to fill vacancies in the Reserve Corps of the United States Public Health Service are now being made, and examinations for Regular Corps appointments will be held in April and May, Surgeon General Thomas Parran announced on January 17, 1946.

Physicians, dentists, and nurses are needed immediately for duty in hospitals, in the Tuberculosis and Venereal Disease Control programs, and in other activities of the Public Health Service.

Pay and allowances, established by law, are identical with those for medical officers of the Army. All travel expenses, including travel to first station, are paid by the Service.

Appointments to the Reserve Corps are made on a basis of review of data furnished by the applicant. Physical examination is required.

Regular Corps appointments require appearance before a Board, and a written professional examination. Dates and places for the examination will be announced shortly.

The Service pointed out that a person receiving an appointment in the Reserve Corps immediately, may, if he desires, take the examination for the Regular Corps at the time they are held.

Those interested in either immediate appointment in the Reserve Corps, or in taking the examination for the Regular Corps, should request application forms of the Surgeon General, U. S. Public Health Service, Washington, D. C., Federal Security Agency.

Military Clippings.—Some news items of a military nature from the daily press follow:

Staffs of Veterans' Administration (VA) Hospitals Undergoing Reorganization

Washington, Jan. 9.—(INS.)—General Omar Bradley, head of the Veterans' Administration, officially disclosed today that a wholesale weeding out of "incompetent" doctors in veterans' hospitals is under way.

General Bradley and Maj. Gen. Paul R. Hawley, Veterans' Administration medical director, said the "house cleaning" process was started immediately after President Truman signed the bill removing Civil Service restrictions from the administration's medical setup.

Hawley said physicians and surgeons of unquestioned ability are now being employed through Washington headquarters and assigned to key posts in the ninety-seven veterans' hospitals in operation.

They are being instructed to observe closely the qualifications of present staff members, to make recommendations as to dismissal or retention, submitting lists of incompetents to Generals Bradley and Hawley for final action.

Hawley estimated the program would take approximately a year to complete.

Hawley said he could not estimate the number of physicians who might be ousted as a result of the survey but cited as an example one instance in which nineteen members of a staff of ninety doctors at one hospital had been recommended for dismissal.

Bradley emphasized that capable physicians now serving in veterans' hospitals need have no fear that they will be dismissed.—San Francisco *Examiner*, January 10.

War Casualties 1,068,378

Army Reports 223,215 Killed; New Report

Washington, Jan. 28.—(A.P.)—The War Department revised upward today its wartime casualty list, adding 5,646 to the list of soldiers killed, and bringing the overall total of all American casualties to 1,068,378.

The War Department report, corrected to December 31, listed total Army casualties as 922,764, an increase of 109 over the last previous total announced two months earlier.

Compared with the November 1 report, the principal change was to increase the list of those killed from 217,569 to 223,215, while reducing the number missing from 18,311 to 12,752.

The latest computation for the Navy, Marine Corps and Coast Guard lists 145,614 total casualties, including 59,678 killed, 80,279 wounded and 5,657 missing.

Okinawa Was Costly Fight, 79,507 Casualties Recorded

Washington, Jan. 8.—The battle for Okinawa cost the United States forces a total of 79,507 casualties, it was disclosed today. Total enemy casualties were estimated officially to have amounted to 120,000, or a ratio of about three to two.

The new figure of nearly 80,000 casualties is to be compared with the total of 45,029 reported by Fleet Admiral C. W. Nimitz on June 21 at the time enemy organized resistance was declared to have been broken.

The revised total, based on Army, Marine and Navy records, includes killed, missing, wounded in action and the so-called non-battle casualties.

It is the public addition of the non-battle casualties which has boosted the total so high.

Included in the 32,473 Marine and Army casualties, listed as non-battle, were a large number of "combat fatigue" cases, which were, in fact, the result of battle.

Front-line correspondents reporting the battle of Okinawa were aware of the large number of non-battle casualties suffered in the fighting for that island, but their attempts to report them to the public at a time when the island was in the news were prevented by Admiral Nimitz's censors. Navy controlled censorship limited reports to the total casualties reported in Admiral Nimitz's communique.

The new total includes 21,342 Army, 16,313 Marine and 9,721 Navy battle casualties.

Non-battle casualties totaled 21,592 for the Army and 10,881 for the Marine Corps.

On the basis of these figures, it now is clear that the battle for Okinawa was the toughest, costliest single engagement of our offensive campaign in the Pacific.—San Francisco *Chronicle*, January 9.

Mars Presents the Bill

Except in astronomical computations, the figure "tril-

lion" has been mostly theoretical on this planet, but our subtrillion days are behind us.

The Bank of International Settlements at Basle has placed the direct costs of the recent war at roughly 680 billion dollars. When to this tidy sum is added property losses, lost production, the cost of war relief and neutrals' losses, to say nothing of the inestimable value of human life and of the future production lost through death, we see that we have climbed to the trillion class.

One of the Pharaohs once amassed an unprecedented war chest of silver—valued at \$4,000,000. The Napoleonic wars have been estimated to have cost \$1,500,000,000. Our Civil War cost about \$5,000,000,000. The First World War, revaluating the 1913 dollar to compare with 1945, is placed at \$180,000,000,000.

Nor can any given sequel be dissociated from the costs of wars. Authorities on the French Revolution say that the deficit financing occasioned by the necessity to meet loans which had financed the Thirty Years' War and adventures of Louis XIV was an important factor in the widespread poverty which resulted in the Revolution. Thus, the bill for war, as huge as it has become, is not necessarily paid when the last bond is retired; the strain of paying often leads to more payment in the form of depression, inflation and social revolution.

If another world war would cost three trillions, there is no way of figuring how such a sum could be raised except by so total a lien upon future generations as to make it impossible for them to carry the burden and maintain a free society.—San Francisco *Chronicle*, January 12.

Medical Information Disseminated by Micro-Film

The Army Medical Library's system of broadcasting current information by means of micro-film prevented many countries in various parts of the world from being blacked-out from a standpoint of the latest medical and surgical knowledge, according to a statement released by Major General Norman T. Kirk, the Surgeon General of the Army.

Millions of pages of medical literature revealing the latest developments during the war were furnished to isolated posts and occupied countries by means of this miniature method of reproduction, to keep American and Allied and other doctors abreast of advances being made in Army practice.

The secrets of the use of the miracle drugs, penicillin and the sulfas, which were developed in this war, would have remained unknown to large portions of the world, if it had not been for the dissemination of such information through micro-film, General Kirk said.

Untold numbers of lives have been saved as a result of this worldwide plan of broadcasting new discoveries and techniques in saving the lives of the American and Allied sick and wounded located on isolated posts, as well as of people in occupied countries.

Representatives of the Rockefeller Foundation and other similar organizations reported that after the Japs closed the Burma road, China would have been in almost total darkness as far as knowing the progress that was being made during the war years in the field of surgery and medicine, if it had not been for this micro-film plan.

Colonel Leon L. Gardner, Director of the Army Medical Library explained that it would have been impossible to send out the hundreds of tons of literature covering all the various phases of medical advances being made in this war. However, by a system of selection, the significant material was reduced to micro-film and broadcast to all parts of the world.

Mr. Cosby Brinkley, Chief of the Army Medical Library's Photographic Duplication Service, who has been largely responsible for the development and management of this service, said that the entire material contained in about fifteen medical journals can be reproduced on one 100 foot roll of 35-millimeter film, which weighs only 8 ounces. When ready for shipping, this roll measures 3½ inches in diameter and 1½ inches in thickness.

Professional men who received these films used ordinary photographic enlargers, or some type of projection or viewing apparatus, to flash, in miniature page, onto some form of screen, so that the secrets of what was being learned by doctors in all parts of the world could be put to use by them.

High priority was given these rolls of micro-film, which were sent by air mail to American and Allied commanders of posts and hospitals and to key individuals in occupied countries. The State Department cooperated by transmitting some of these rolls in diplomatic pouches.

Mr. Brinkley said that from 40,000 to 60,000 feet of

these micro-films were sent out monthly, which means that over 10,000,000 pages of medical literature a year was being flashed to scientists throughout all theaters of operations. In less than a day, he explained, a negative and sufficient positives could be made for complete coverage of the world-wide mailing list which the Army Medical Library built up.—Army *Bulletin*.

Points Cut for Discharge of Army Doctors

Washington, Feb. 1.—(UP.)—The Army today announced a reduction in discharge requirements for medical officers that will result in release of an additional 7,000 doctors and dentists within the next five months.

Those with 60 points, 39 months of active duty or who are 45 years old, will be eligible for discharge, effective immediately. This represents a cut of five points in the score and three months in length of service.

The reduced requirements, however, do not apply to about 800 scarce specialists who must have 70 points, 45 months of service or be 45. The score for specialists will be reduced to 60 on April 1 . . .

Meanwhile, the War Department revealed that Army Air Forces personnel has been reduced from a peak of 2,500,000 to 900,000. The Navy disclosed it can meet its peacetime goal of 500,000 enlisted men by next Sept. 1 without aid of the draft.—Los Angeles *Times*, February 2.

Veterans' Administration Needs in California

Sacramento, Feb. 6.—California entered the national Veterans' Administration controversy on February 6. . . .

The Upper House unanimously adopted a joint resolution by Senator Irwin T. Quinn, chairman of its military affairs committee. . . .

"California furnished 1,000,000 servicemen during this war, and there are now approximately 500,000 discharged veterans from other states residing here," Senator Quinn said. "A categorical check indicates there will soon be a million here who entered from other states, making a total of 2,000,000. This total is six times greater than after World War I and today we actually have only 350 more beds in permanent facilities than before the outbreak of World War II." . . . San Francisco *Examiner*, February 6.

Navy Reveals Secret Tests at U. C. of New Germ Weapon

A secret Navy medical team working at the University of California in Berkeley throughout the war demonstrated that a man-made epidemic as an instrument of war "is a likely possibility," a Navy announcement disclosed yesterday.

The announcement said the secret research also produced these findings:

1. Considerable knowledge was gained in mass defense against enemy use of an unnamed but deadly infectious disease.
2. Information was obtained which will be of great value not only in protection against bacterial attack, but also for control of communicable airborne diseases such as influenza in peacetime.

3. A protective suit was devised for workers in any prospective rescue or decontamination operation.

The research was carried on in the greatest secrecy by Naval Medical Research Unit No. 1 headed by Capt. Albert Paul Krueger, U.S.N.R., who in peacetime is a professor of bacteriology at the university.

Although declining to name the infectious disease which it was feared the enemy might use, the Navy said it is centuries old and one of the greatest of killers.

The researchers let it be known publicly they were studying means of preventing and controlling airborne infections, notably influenza. Behind this "blind" they carried on research against the deadly disease, proving first that it could be used effectively by an enemy and then seeking ways to combat it.

The research will continue, the Navy announced.—San Francisco *Examiner*, January 5.

Nips Return to Hiroshima

Survivors Lose Fear of City Blasted by A-Bomb
Hiroshima (Japan).—Jan. 28.—Hiroshima, nearly consumed in the holocaust of the first atomic bomb last August 6, is being restored.

Slowly those who escaped that searing blast are beginning to edge back into the ravaged areas of this once bustling city of nearly 400,000.

In the past month each day has seen some family start rebuilding a bamboo, wood and plaster dwelling on the site of its former home.

The desolation caused when the atomic bomb destroyed

60 per cent of Hiroshima's 6.9 square miles of built-up area gradually is changing.

Most of the persons burned in the explosion have recovered or died, Col. John R. Hall, Jr., of El Paso, Texas, Tenth Corps surgeon, said today. He estimated that 47,000 were killed outright, 15,000 to 17,000 are missing and about 60,000 have died since the bombing from various contributing causes.

The survivors have lost their fear of the demolished region. They dreaded it at first because they didn't understand what had happened to them and their missing relatives.—*San Francisco Chronicle*, January 28.

V.D. Is Biggest Health Menace to Relch Troops

Berlin, Jan. 27.—Venereal disease is still far and away the biggest menace to the health of American troops in Germany, an unofficial survey disclosed today.

The incidence of V. D. among U. S. troops in Europe is averaging 200 cases per 1,000 men a year. In Berlin it is as big as 330 per 1,000. However, Paris appears to be a worse source of infection than Berlin. According to the records of the theater's Chief Surgeon, between October 5 and December 14, 1945, Paris accounted for 18.2 per cent of all new cases reported and Berlin only 4.1 per cent.—*San Francisco Chronicle*, January 28.

Veterans' Hospital Head Unmoved by "Pressure"

Washington, Jan. 27.—(UP.)—Political pressure has failed to budge Major General Paul R. Hawley from his determination to put veterans' hospitals where he thinks they belong, he said today.

Nor does he see any need so far, he said, to carry out his recent threat to resign as Veterans' Administration medical director. He had warned he would quit if political interference made it impossible to provide good medical care where it is most needed.

He declined to discuss a reported effort by Senator McKellar (D., Tenn.) to have him fired, or to comment on almost daily pressure from the Capitol to alter his hospital program.

But he promised:

"We will continue to take over surplus Army hospitals only where the need exists, and only where we can see prospects of staffing them adequately."

Hawley incurred congressional displeasure when he and Veteran Administrator General Omar N. Bradley turned thumbs down on most surplus Army hospitals because of temporary construction and remote location.

Some lawmakers also were irked when Hawley discarded construction plans of Brigadier General Frank T. Hines, Bradley's predecessor, and laid out a new building program based on availability of doctors as well as veteran population.—*San Francisco Chronicle*, January 28.

U. C., Stanford Medical Schools Will Help Vets

Stanford and California Medical Schools will coöperate with the Veterans' Administration in providing consultants and resident physicians for San Francisco's Veterans' Hospital.

Major General Paul B. Hawley, acting chief medical director of the agency, announced yesterday a committee from the two schools also will judge professional standards in the hospital.

Members of the committee from Stanford are Drs. Emile F. Holman, chairman; Arthur L. Bloomfield; George S. Johnson and Carleton Mathewson; California members are Drs. LeRoy C. Abbott, Karl M. Bowman, William J. Kerr and Howard C. Naffsiger.—*San Francisco Chronicle*, January 27.

Army Venereal Cases Increase

Washington, Dec. 1.—(AP.)—Sharp increases in venereal disease rates among American troops at home and abroad as fighting ended or diminished were reported today by the Army Medical Departments.

Official Figures

A report in the December bulletin of the Medical Department gave these figures:

In the European theater, the venereal disease rate rose from 62 cases per 1,000 men a year in May, (V-E month) to 155 in August.

In the Pacific area, the rate increased from five cases per 1,000 men a year in January to 97 in June.

"In the Pacific," the report said, "the marked increase in the rate occurred as the fighting in the Philippines diminished and there was more opportunity for exposure."

In the United States, the rate was 43 cases per 1,000 men a year in May and 53 in August.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

U. C. Course on Internal Medicine: For Military Colleagues

The Medical Faculty of the University of California will give a course on Internal Medicine for returning veteran physicians. The tentative program is as follows:

Although this is designed primarily for veterans, there will be opportunity for a limited number of general practitioners to attend. The course will begin on February 18, 1946, and will cover twelve weeks, every Monday evening from 8 to 10 o'clock.

PROGRAM OF POSTGRADUATE COURSE IN MEDICINE TO BE GIVEN IN TOLAND HALL, UNIVERSITY OF CALIFORNIA HOSPITAL, FROM 8 TO 10 O'CLOCK P.M.

General Chairman: *Stacy R. Mettler, M.D.*

Associate Professor of Medicine

1946—MONDAY EVENINGS

Feb. 18—*Dr. T. L. Althausen*, Associate Professor of Medicine, Chairman.

Diagnosis, X-Ray Interpretation, Medical and Surgical Treatment of Peptic Ulcer.

Feb. 25—*Dr. Leon Goldman*, Assistant Professor of Surgery, Chairman.

Diagnosis, Medical and Surgical Management of Diseases of the Gall Bladder.

Mar. 4—*Dr. John B. Lagen*, Assistant Professor of Medicine and Pharmacology, Chairman.

Peripheral Vascular Diseases.

Mar. 11—*Dr. William J. Kerr*, Professor of Medicine, Chairman.

Heart Diseases.

Mar. 18—*Dr. Robert B. Aird*, Assistant Professor of Surgery, Chairman.

Neurosurgical Symposium.

Mar. 25—*Dr. Herbert F. Traut*, Professor of Obstetrics and Gynecology, Chairman.

Obstetrical Medical Conference.

April 1—*Dr. James F. Rinehart*, Professor of Pathology and Medicine, Chairman.

The Pathologic Anatomy of Rheumatic Diseases.

April 8—*Dr. H. Clare Shepardson*, Associate Clinical Professor of Medicine, Chairman.

Diabetes.

April 15—*Dr. Mayo H. Soley*, Associate Professor of Medicine, Chairman.

Symposium on Goiter.

April 22—*Dr. Hans Lisser*, Clinical Professor of Medicine, Chairman.

Symposium on Endocrinology.

April 29—*Dr. William C. Deamer*, Associate Professor of Pediatrics, Chairman.

Symposium on Pediatrics.

May 6—*Dr. Hiram E. Miller*, Clinical Professor of Dermatology, Chairman.

Certain Dermatological Diseases.

Details of these programs will be announced later.

All speakers on the above programs are members of the Medical Faculty of the University of California.

Graduate Medical Education—School of Medicine University of Southern California

Extended and short courses in Internal Medicine, Surgery, and the various specialties are offered for returning medical officer veterans and for civilian physicians. Courses are conducted by the faculty of the Medical School, utilizing the facilities of the Los Angeles County

General Hospital, Children's Hospital, Barlow Sanitarium and other affiliated institutions.

Courses are open to all graduates of Grade A Medical Schools who have completed an approved internship.

Registration for all courses must be completed two weeks before commencement of course. Applicants for extended courses in Cardiology, Dermatology and Ophthalmology should communicate with Director, Graduate Division.

Tuition may be covered in part or full by the "G. I. Bill," Public 346.

All communications should be directed to: University of Southern California School of Medicine, Director, Graduate Division, 1200 North State Street, Los Angeles 33, California.

INTERNAL MEDICINE

Clinical Review of Internal Medicine:

Daily teaching ward rounds on the medical wards of the Los Angeles County General Hospital conducted by faculty members who are on the Senior Attending Staff of the hospital. Daily lectures, conferences and seminars covering recent advances in internal medicine and allied specialties.

Duration—12 weeks (full time).

Students—minimum 12—maximum 24.

Courses will begin Jan. 7, May 6, and Sept. 16, 1946.

Tuition—\$250.00 (veterans \$180.00).

Registration fee \$5.00.

GENERAL MEDICINE

Clinical Review of General Surgery:

Students in groups of two rotate through General Surgery, Orthopedics, Malignancy, Gynecology, Urology, Proctology, Thoracic Surgery, Burns, Plastic Surgery and Neurosurgery. Ninety-eight didactic hours include a surgical review of Anatomy, Pharmacology, Pathology, Physiology and Radiology.

Duration—12 weeks (full time).

Students—minimum 12—maximum 24.

Courses begin Dec. 17, 1945, April 1, and Sept. 2, 1946.

Tuition—\$250.00 (veterans \$180.00).

Registration fee \$5.00.

CARDIOLOGY AND VASCULAR DISEASE

(For Advanced Students)

The course is designed for 10 qualified physicians to engage in intensive study in the history, physiology, pathology, diagnosis and treatment of cardiac and peripheral vascular disease. Emphasis is placed on bedside teaching electrocardiography, fluoroscopy and associated diagnostic aids. The aim of the course is planned study to meet the requirements for certification by the American Board of Cardiology.

Duration—9 months.

DERMATOLOGY AND SYPHILOLOGY

Designed to meet requirements of the American Board of Dermatology for the academic year in preparation for certification. Courses will include Anatomy, Physiology, Biochemistry, Microscopic Immunology, Clinical Diagnosis and Treatment.

Duration—11 months.

Students—maximum 10.

OBSTETRICS AND GYNECOLOGY

Review of Obstetrics and Gynecology:

A. Gynecology—3 weeks—supervised study of gross and microscopic pathology daily, assist in out-patient and treatment clinics, attend ward rounds, lectures and surgical clinics.

B. Obstetrics—3 weeks—Analgesia and Anesthesia, X-Ray Pelvimetry, Toxemias, Hemorrhage, Abortions, Postpartum Infections and Operative Obstetrics will be

covered in lectures and demonstrations. Daily rounds on wards, conferences, observation of deliveries and other operative procedures.

Duration—6 weeks (full time).

Students—maximum 10.

Courses begin Feb. 4, March 25, May 13, Aug. 5, and Oct. 7, 1946.

Tuition—\$150.00 (veterans \$90.00).

Registration fee \$5.00.

OTOLARYNGOLOGY

Daily ward rounds, morning clinics and observation in surgery at Los Angeles County General Hospital and Children's Hospital. Afternoons devoted to lectures covering the field of Otolaryngology followed by instruction in dissection of the head and neck.

Duration—3 months (full time).

Students—maximum 8.

Courses begin Feb. 4, and Sept. 2, 1946.

Tuition—\$250.00 (veterans \$180.00).

Registration fee \$5.00.

(For item on Refresher Training see p. 90.)

Obstetrical and Gynecological Postgraduate Assembly of Southern California Announces Its First Annual Mid-Winter Clinical Assembly in Obstetrics and Gynecology

The Obstetrical and Gynecological Postgraduate Assembly of Southern California announces its first annual series of meetings for February 18-23, 1946, with the idea of bringing to this area authoritative scientific and clinical educational facilities from leading medical centers of the country. It is fully realized that additional medical meetings must be extraordinary in character if they are to attract representative men both as essayists and as auditors. The program as arranged meets adequately this prerequisite. Here on the West Coast we are so far removed from the Eastern areas that we are peculiarly in need of renewing, from time to time, our contacts with the educators of those sections. In order to benefit a larger number of our colleagues it has seemed far wiser to bring to us the leading men in our specialties rather than for us to attempt individual travel tours Eastward.

A precedent for this ambitious effort exists in the highly successful Research Study Club of Los Angeles, which has conducted postgraduate courses in Eye, Ear, Nose and Throat for the past fifteen years. We expect this new series to build a reputation for service of comparable stature.

Southern California, in spite of its geographical isolation, lends itself ideally to such a midwinter conference. Its population, medical and educational facilities, and oft vaunted winter climate all join in providing ample arguments for the success of the Assembly. The one difficulty that is anticipated is that the appeal will be so impelling that the initial limitation to one hundred will not admit all who wish to attend.

* * *

The Guest Speakers for the First Assembly will include: Dr. D. Emil Novak, Johns Hopkins Medical School, Baltimore, Maryland; Dr. Frederick H. Falls, University of Illinois, Chicago, Illinois; Dr. Paul A. Glibe, University of California, San Francisco; Dr. Paul R. Patek, Ph.D., University of Southern California, Los Angeles; Dr. Roy W. Hammack, College of Medical Evangelists, Los Angeles; Dr. Madeleine Fallon, Hematologist, Los Angeles.

DR. EMIL NOVAK, Associate Professor of Gynecology at Johns Hopkins Medical School and Associate Professor of Obstetrics, Maryland University, and world authority on Gynecologic Endocrinology and Gynecologic Pathology, as well as Clinical Gynecology, will give ten lectures on

these subjects. Anyone acquainted with Dr. Novak or his work well knows his great experience in these fields. A great scientist and untiring research worker, he has never lost sight of their practical application to Clinical Gynecology.

DR. FREDERICK H. FALLS, Professor of Obstetrics and Gynecology at the University of Illinois, will give ten lectures in Obstetrics. Among the subjects to be discussed are: Abortion, the Toxemias, the Conduct of Labor, and Cesarean Section. His wide clinical experience and alert teaching mind will contribute much to the success of the Assembly.

DR. PAUL A. GLIEBE, Assistant Professor of Psychiatry, University of California, San Francisco, will lecture on the newer viewpoint of Psycho-somatic Medicine; first giving us the basic fundamentals and then their practical application in Gynecology and Obstetrics. This should be one of the highlights of the session, since this field of medicine has become so important the last few years.

DR. PAUL R. PATEK, PH.D., Associate Professor of Anatomy at the University of Southern California, and Dr. Daniel C. Peace, Ph.D., and Dr. Barbara Granger, Ph.D., in the same department, will give lectures on the Anatomy of the Female Pelvis and Perineum: Recent Advances in our Knowledge of Conception, Implantation and Anatomy and Physiology of the Placenta; and the Cytomorphology of the Female Genital Tract with Reference to Endocrinology.

DR. MADELINE FALLON, Hematologist of Los Angeles, and Dr. Roy W. Hammack, Clinical Pathologist, Los Angeles, will bring us up to date on the R. H. Factor. Both of these speak with authority on this subject, one of the newest, as well as one of the most confusing problems before us today.

The Round Table Luncheons each noon will be the heart of the Assembly. In general, the topics will be discussed along the line of the preceding lectures. In addition, all members of the Assembly are urged to enter into an informal discussion on any subject which deeply concerns them. Questions should be turned in, in writing, on subjects they wish discussed and the committee will then select someone well qualified to open the discussion. Lecturers should not be asked to discuss such questions with the individual. *Take them to the Round Table Luncheon so that all may benefit.*

Many of the members will wish to become acquainted with the guest speakers and with other members in an intimate personal way. For this purpose a "Bull Pen" has been provided. Parlor A-Lounge on the fourth floor of the Elks Club, where one may foregather with his fellows and relax over a cup of coffee or a glass of beer and indulge in an informal "Bull Session" at the end of each afternoon.

The Elks Club of Los Angeles, Sixth Street and Park View Avenue, will be the headquarters of the Assembly. All sessions of the Convention, as well as the Round Table Luncheons, will be held there. The Assembly will get off to a good start with a "get acquainted" social gathering at 3 P.M. Sunday, February 17, in the El Venado Room at the Elks Club. Be sure to be there. The regular meetings begin Monday, February 18, and continue daily with morning sessions from nine to twelve; the Round Table Luncheon twelve to two and afternoons from two to five, ending Saturday night with a formal banquet at the Ambassador Hotel. Wednesday and Saturday afternoons will be open for sightseeing, visiting movie studios or playing golf.

Despite the end of the war, transportation and hotel accommodations are still problems. It would be wise for those who plan to attend to make arrangements for accommodations *as soon as possible*. Should you prefer some hotel or apartment in Los Angeles, please write direct for reservations. Retain the reply from the hotel, in order that you may demand your rooms on arrival here. A certain number of accommodations are available at the Elks Club. If you wish to stay there write to Mr. H. M. Nickerson, Manager, Elks Club; 607 South Park View Avenue, Los Angeles 5, and he will secure suitable reservations for you.

The fee for the Assembly Course is \$50.00. This includes all sessions of the convention and the banquet

Saturday night at the Ambassador Hotel. (It does not include the noon day lunches). When you apply for the course use the inserted application blank and send \$50.00 to Roy E. Fallas, M.D., 1930 Wilshire Blvd., Los Angeles 5, California. If anything prevents your attendance, this fee will be returned to you.

The number of members for the Assembly will be limited to one hundred. Members of the Los Angeles Obstetrical and Gynecological Society have priority, and will be given one week in which to register before the other invitations are sent out. Limiting the number to one hundred will give many advantages to those taking the course; but, it will of necessity limit the number of men from outlying sections that can be accommodated. The Assembly is to be an Annual Event and it is hoped that in subsequent years when more normal conditions return that it will be possible to invite more new members from more distant sections.

THE COMMITTEE

U. C. Offers Dentists New Study Program

Establishment of a refresher course for practicing dentists and a self-supporting clinic in Los Angeles under the auspices of University of California Extension was announced on January 14 by President Robert Gordon Sproul.

Regents of the University have approved expansion of dental facilities located in the Los Angeles Medical Department of the University of California at 737 N. Broadway. Advanced and refresher courses for practicing dentists have been needed for some time, points out President Sproul.

The local facilities will be available to dentists both in southern and northern California. The program is established with the recommendations of Dr. Willard C. Fleming, Dean of the College of Dentistry on the San Francisco campus of the University and state dental associations. It is expected to facilitate extension of an educational program pioneered by the Southern California Dental Association.

A small, full-time administrative staff will be established while instructors in the refresher courses and practitioners in the clinic will be drawn from regular practicing members of the dental profession in this area.

COMMITTEE ON ORGANIZATION AND MEMBERSHIP

National Conference on Medical Service

The 19th annual meeting was held on Sunday, February 10, 1946, in Palmer House, Chicago.

PROGRAM

- 9:00 a.m.—Registration, 4th floor, entrance of Red Laker Room.
- 9:30-9:50 a.m.—President's Address, "*Medicine and the National Crisis*," C. L. Palmer, M.D., Pittsburgh.
- 9:50-10:20 a.m.—"*What Labor Expects from Medicine*," Walter Reuther, Vice-President, United Auto Workers, C.I.O., Detroit.
- 10:20-10:50 a.m.—"*What the Farmer Expects from Medicine*," J. S. Jones, Secretary, Minnesota Farm Bureau Federation, and Chairman, National Committee for Rural Health, St. Paul.
- Discussion—Leonard W. Larson, M.D., Member of Committee on Rural Medical Care, American Medical Association, Bismarck, N. D.
- 10:50-11:20 a.m.—"*What Industry Expects from Medicine*," Howard Strong, Secretary, Health Advisory Council, Chamber of Commerce of the United States, Washington, D. C.
- 11:20-12:00 noon—Open Discussion.
- 12:00-1:45 p.m.—Luncheon.

- 1:45-2:15 p.m.—“*Medical Care of Veterans*,” Major General Paul R. Hawley, Acting Surgeon General, Veterans’ Administration, Washington, D. C.
- 2:15-2:30 p.m.—“*Aims and Purposes of Conference of Presidents and Other Officers of State Medical Societies*,” Andrew S. Brunk, M.D., President of “Conference of Presidents and Other Officers of State Medical Societies,” Detroit.
- 2:30-2:45 p.m.—Questions and Answers.
- 2:45-3:00 p.m.—“*What About Returning Medical Officers*” “*Postgraduate Opportunities*,” Victor S. Johnson, M.D., Secretary, Council on Medical Education and Hospitals, American Medical Association, Chicago.
- 3:00-3:15 p.m.—“*Establishment of State Bureaus of Information*,” Mrs. M. Virginia Shuler, Supervisor, Bureau of Information, American Medical Association, Chicago.
- 3:15-3:30 p.m.—“*Medical Legislation*,” J. W. Holloway, Jr., Director, Bureau of Legal Medicine and Legislation, American Medical Association, Chicago.
- 3:30-3:50 p.m.—“*National Plan for Volunteer Prepayment Medical Care*,” Jay C. Ketchum, Executive Vice-President, Michigan Medical Service, Detroit.
- 3:50 p.m.—Discussion.
- Adjournment.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Pending Legislation Before Congress

The Second Session of the Seventy-ninth Congress opened on January 14, 1946. It is well to remember that the other Wagner-Murray-Dingell bills, namely S. 1050 and H. R. 3293 are on the dockets of the Senate Finance Committee and the House Ways and Means Committee. It is altogether possible that these committees may give the bills a hearing, especially since the House Ways and Means Committee is making a study of the Old Age Security law with the idea of suggesting revisions.

Names of members of Senate and House Committees follow:

Members of the Senate Finance Committee:

Walter F. George, Georgia, Chairman; David I. Walsh, Massachusetts; Alben W. Barkley, Kentucky; Tom Connally, Texas; Josiah W. Bailey, North Carolina; Harry Flood Byrd, Virginia; Peter G. Gerry, Rhode Island; Joseph F. Guffey, Pennsylvania; Edwin C. Johnson, Colorado; George L. Radcliffe, Maryland; Scott W. Lucas, Illinois; Brien McMahon, Connecticut; Robert M. La Follette, Jr., Wisconsin; Arthur H. Vandenberg, Michigan; Robert A. Taft, Ohio; Leverett Saltonstall, Massachusetts; Hugh Butler, Nebraska; Eugene D. Millikin, Colorado; Owen Brewster, Maine; Harlan J. Bushfield, South Dakota; Albert W. Hawkes, New Jersey.

Members of the House Ways and Means Committee:

Robert L. Doughton, North Carolina, Chairman; Jere Cooper, Tennessee; John D. Dingell, Michigan; A. Willis Robertson, Virginia; Milton H. West, Texas; Wilbur D. Mills, Arkansas; Noble J. Gregory, Kentucky; A. Sidney Camp, Georgia; Walter A. Lynch, New York; Aime J. Forand, Rhode Island; Thas F. Wasielewski, Wisconsin; Paul H. Maloney, Louisiana; Herman P. Eberharther, Pennsylvania; Cecil R. King, California; Harold Knutson, Minnesota; Daniel A. Reed, New York; Roy A. Woodruff, Michigan; Thomas A. Jenkins, Ohio; Bertrand W. Gearhart, California; Frank Carlson, Kansas; Richard M. Simpson, Pennsylvania; Robert W. Kean, New Jersey; Charles L. Gifford, Massachusetts; Carl T. Curtis, Nebraska.

These two bills were analyzed in the *Journal of the American Medical Association* in the June 2, 1945, edition, but it might be well to emphasize a few of the important points brought out in that analysis:

(a) Provisions for grants and loans for hospitals and health center construction. Title corresponds closely with the provisions of the Hill-Burton Hospital Construction bill with significant exceptions. The Hill-Burton bill which is more acceptable, has passed the Senate and will very likely pass the House.

(b) Another section proposes grants to states for maternal and child health services, for services for crippled children and for child welfare. This is similar to S. 1318 which the House of Delegates disapproved by resolution.

(c) It also proposes grants to states for the development of more effective measures for the prevention, treatment and control of venereal diseases and tuberculosis.

(d) It would grant subsidies to states for use in providing medical care for needy individuals.

(e) But the section to which physicians should be particularly opposed is that which would set up a national social insurance system as a part of the Social Security system. Some of the objectionable features are:

I. Bureaucracy:

It is appalling the bureaucratic control that would be necessary to administer a scheme of this type which would include, according to Senator Wagner’s estimate, 135,000,000 people. It would require an army of inspectors, continually checking on the relationships of patients to physicians, to hospitals, to pharmacies; another army of auditors checking on the expenditures of funds; a smaller army of statisticians who would collect the data for the justification of the expenditures. If the experiences of European countries can teach us anything, many small bureaus and offices will be necessary throughout the country as centers for the local administration. All of these will be equipped with stenographers, clerks, bookkeepers, and will require rental and equipment appropriations. No small expenditure will be involved in the provision of printed forms which are so necessary in all government activities.

II. Free Choice:

It is said the bill offers the insured free choice of physicians. It must be remembered, however, that free choice can be exercised only among the physicians who are willing to accept government employment, and experience in other countries has shown us that where physicians are too popular, the government limits the number of patients permitted a physician; thus, obliging some to be content with a second or third choice. In the rural districts where medical care is limited and the government must provide, of course the residents will be obliged to be satisfied with whomever the government employs.

III. Eligibility:

To be eligible for medical benefits, the individual must have been currently insured for a period of at least a year and a half immediately preceding the time of making a claim, and must have earned not less than one hundred fifty dollars (\$150.00) in the first twelve (12) months of that period. The bill provides, however, that the Surgeon General may determine for any calendar year or part thereof that every eligible individual “pay a fee with respect to the first service or with respect to each service in a period of sickness or course of treatment,” and “shall fix the maximum size of such fee.” He may also “limit the application of such fees to home calls, to office visits or to both, and may fix the maximum total amount of such fee payments” and further, “may also provide for differences in the maximum size of such fees or total amount of such fee payments for urban and rural areas” where differences occur between states or communities.

II. Cost:

S. 1050 and H. R. 3293 provide that every employed person shall contribute 4 per cent of his wages while the employer contributes another 4 per cent, and the self-insured shall contribute two and one-half per cent of his income while the state or community contributes another two and one-half per cent. The amounts of these con-

tributions will, of course, vary with the prosperity of the country. The deficits, naturally, will have to be met with funds from general taxation.

Associated Press Poll of Congressmen

The Associated Press, as reported by Science writer Carey, conducted a poll of the Congressmen just before the Christmas vacation asking this question:

"Do you favor President Truman's proposal for a national prepaid 'health insurance' plan to be financed by additional social security taxes and by general government revenues?"

One hundred forty-one ballots were returned. Of these seventy-two voted "No"; forty-three voted "Yes"; seventeen were undecided; three were "non-committal" and six others gave qualified answers.

Of the seventy-five designated Republicans who returned ballots, only four expressed themselves in favor of the Truman proposal; nine were undecided; three were non-committal and one said that while he was against it at present, if modifications were made perhaps he would go along. Of the 63 designated Democrats, thirty-eight were for the proposal; twelve were opposed; eight were undecided and five gave qualified answers.—*Bulletin*, Washington Office, A.M.A. Council on Medical Service and Public Relations.

Proposed California Law on Unemployment Compensation Disability Benefits

Sacramento, Feb. 6.—Delay in acting upon the Shelley bill establishing a system of unemployment compensation disability benefits was protested today by Senator John F. Shelley, San Francisco, and C. J. Haggerty, secretary of the State A. F. of L.

The bill, which has Governor Warren's approval, has been passed in the Senate and is now in the Assembly Committee on Finance and Insurance.

Chairman Frank J. Waters ruled the bill will be taken up at the regular time for the committee meeting, which is not until next Monday. He said it might be impossible to give an opportunity for opponents of the bill to be here to make their arguments and declared legislators were occupied on other matters.

Delay Opposed

The bill would affect 2,600,000 persons now under the State compensation insurance fund and both Shelley and Haggerty insisted a delay until Monday is unreasonable.

The California Medical Association came out in the open today in opposition to the Shelley bill.

"The C.M.A.," said Ben Read, lobbyist for the organization, "is interested in the bill because it affects every doctor in the State. The C.M.A. is against the bill."

He said the organization was against enactment of the legislation "because we feel interim committees should complete their studies." Read referred to an Assembly and Senate Committee now engaged in study of compulsory health insurance and kindred issues.

"We feel," said Read, "that this is a portion of the general picture of health insurance and should await the reports of the interim committees."

Easy-Going Session

Washington Connally, State Chamber of Commerce lobbyist, said he believed that to wait until Monday was "orderly procedure" since that is the time for the regular meeting of the committee.

The State Chamber, along with the major business and industry interests, are opposed to the bill.

The delay on the important disabilities benefit bill was held by many Legislators to be in line with the general

easy-going manner in which the Assemblyman and Senators have approached legislation at the special session.

In the Senate Governmental Efficiency Committee, stalling tactics are still being employed in consideration of the Governor's \$54,000,000 State public works bill.

The bill will be taken up again tomorrow. Several hundred items in the bill are yet to be examined by the Senators.—E. C. B., San Francisco *Chronicle*, February 7.

Concerning Free Literature on "Political Medicine": (copy)

NATIONAL PHYSICIANS COMMITTEE FOR THE EXTENSION OF MEDICAL SERVICE

A Non-Political, Non-Profit Organization for Maintaining Ethical and Scientific Standards and Extending Medical Service to all the People

To the Editor.—This is not a request for financial support. It is an appeal for intelligent consideration of the literature referred to, and for your personal cooperation to meet this real emergency.

The people of America must be told that there is now a showdown fight on the issue of Political Medicine. The time has come when every physician must recognize that enactment of these bills will destroy the private practice of medicine in this country.

Under separate cover, by today's mail, we are sending you four important documents:

1. "Showdown on Political Medicine."
2. A second copy of "Political Medicine and Freedom of Enterprise."
3. Leaflet, "Political Medicine."
4. Leaflet, "German Doctors Under Nazism."

These documents should be carefully studied and passed on to friends or acquaintances. We will provide additional copies of the booklet, "Showdown on Political Medicine," and unlimited quantities of the leaflets for distribution by you. Simply order the quantities you can effectively use on the enclosed business-reply postcard.

If every doctor does his part, our system of private distribution of medical care can be preserved for the American people.

Sincerely,

NATIONAL PHYSICIANS COMMITTEE
FOR E.M.S.

(Signed) DR. EDWARD H. CARY,
Chairman.

P.S.—It's your move Doctor! Write your Senators and Congressmen today. Mail your request for literature now, stating number of copies you wish for distribution. No charge.

Address National Physicians Committee, Pittsfield Building, 55 E. Washington Street, Chicago 2, Illinois.

Surgeon General Parran's Letter Would "Muzzle" Health Staff

Dr. Thomas Parran's Communication On U. S. Health Program "Creates Amazement and Consternation" in Ranks

A letter sent by Surgeon General Thomas Parran of the U. S. Public Health Service to all officers of that governmental agency on the National Health Program has "created amazement and consternation" within the medical profession, according to an editorial in the January 12 issue of *The Journal of the American Medical Association*.

The mimeographed letter sent out by Surgeon General Parran, under date of December 10, follows:

Enclosed is a copy of House Document No. 380, which is the full text of President Truman's message to the

Congress on a national health program, a subject of the highest importance to every citizen. The message contains a comprehensive analysis of the health problems of the country and recommendations as to the pattern of legislation to deal with them.

It is a source of particular satisfaction to all of us who labor for the public health advancement that this should be the special subject of a Presidential message. For the first time we have the major elements of a national health policy officially stated in comprehensive terms. This has been a goal of all public health workers for many years, and the enunciation of such a policy by the Chief Executive gives the Public Health Service definite objectives for its future work.

On the same day as the message was delivered Senator Wagner introduced (for himself and Mr. Murray) S. 1606, and Representative Dingell introduced H. R. 4730, designed to implement the proposals of the President. In addition, several bills are pending in the Congress dealing with special phases of the President's legislative program. These include the hospital construction bills, the national mental health bills and the stream pollution bills, each of which would impose substantial additional responsibilities on the Public Health Service.

The appropriate executive agencies of the government have been specifically instructed by the President to assist in carrying out his legislative program as presented to the Congress on September 6. The President wrote to the administrator of the Federal Security Agency on October 4 requesting him "to take primary responsibility for legislative measures necessary to carry out the part of my message (Sept. 6, 1945) outlined in section 21 concerning a national health program to provide adequate medical care for all Americans and to protect them from financial loss and hardship resulting from illness and accident."

Every officer of the Public Health Service will wish to familiarize himself with the President's message and will be guided by its provisions when making any public statement likely to be interpreted as representing the official views of the Public Health Service.

THOMAS PARRAN, *Surgeon General.*

Commenting editorially on the letter, *The Journal* said:

"If the fourth and fifth paragraphs of this letter say what they seem to say, the President of the United States has instructed the executive agencies of the government to get behind his legislative program for the extension of health. The Surgeon General of the U. S. Public Health Service goes into action, ties the Wagner-Murray-Dingell bill right into the program and at least hints to his officers that they had better be careful about making any public statements with regard to the message.

"Many of those addressed in this instance are physicians in the private practice of medicine in the United States. They volunteered their services in the formation of hospital units to aid the people of this country in an emergency; they continued their membership in the Reserve of the Public Health Service after the war itself ended because it seemed to be desirable to have an emergency service available. If, however, men are to be directed in their thinking or muzzled in their speaking incident to their desire to be of service to the health of the nation, their rights as American citizens will have to prevail. Reserve officers will have to consider seriously whether or not they wish to maintain any official connection with such a Federal agency. Incidentally, it might have been better if General Parran had, in these final two paragraphs, said in shorter and clearer sentences exactly what he meant to convey."

On Admission of Osteopathic Physicians and Surgeons on Staff of Proposed Tulare District Hospital

The issue of whether or not osteopaths as well as medical doctors are to be admitted to a community hospital for Tulare came up at the county board of supervisors meeting as the board held a hearing on the election to form a Tulare hospital district.

As no actual objections to the formation of the hospital district were raised, the board fixed January 21 as the date of the election.

Dr. James Spencer, Tulare osteopathic physician and surgeon, appeared before the board to request that voters

have a chance to decide whether or not the hospital which the district proposes to erect in Tulare if the election carries should be open only to medical doctors or to all physicians and surgeons licensed under Section 2, Chapter 5 of the State business and professional code, which includes doctors of osteopathy as well as medical doctors.

Leroy McCormick, legal advisor to the board, told him that the board had no power to call an election on any issue other than whether or not the district should be formed. He pointed out that whether or not the hospital was to be "open" or "closed" would depend on the decision of the board of five directors of the proposed district.—Dinuba *Sentinel*, December 27.

COMMITTEE ON MEDICAL ECONOMICS

American College of Radiology Approves New Type of Malpractice Coverage

The American College of Radiology, 20 North Wacker Drive, Chicago, 6, in its monthly *News Letter* of January, presents the following interesting information:

A special committee of the Board of Chancellors, after long negotiation, has effected a new comprehensive malpractice insurance policy for Members and Fellows of the American College of Radiology that offers distinct advantages over other such insurance now available to radiologists.

Besides offering a considerable saving in insurance costs to our members, the policy contains a broad insuring clause that is superior to that found in most malpractice policies. Without any malpractice exclusions, the company guarantees to pay "all loss by reason of the liability imposed by law upon the insured for damages on account of professional services rendered or which should have been rendered by him or any assistant to him."

For 25/75 thousand-dollar limits, this new policy will cost College Members and Fellows \$65 a year on a three-year basis. The annual premium will be \$79. O. L. & T. or public liability coverage is included. The premium for members in service is reduced one-half.

The personal liability of assistants and technicians can be covered for 50 per cent additional for each named individual. Limits to 50/150 thousand dollars can be had by endorsement of the uniform policy and payment of added premium.

These rates are considerably lower than the premiums demanded for malpractice insurance covering x-ray diagnosis and therapy in all but two or three states at present. The total saving for all College Members and Fellows will amount to several hundred thousand dollars a year.

In recent years there has been increasing dissatisfaction with malpractice insurance for radiologists. A special committee of the American Roentgen Ray Society made an extensive study of the question ten years ago.

It's Still State Medicine

The President has asked for what the headlines call, "A law to force insuring of the nation's health." In the debate which is sure to ensue over this proposal, proponents and opponents will be listed categorically as either liberals or reactionaries—if you are for it you are liberal; if you are against parts of it, you are a reactionary. Tens of thousands of hard working doctors who are doing their utmost to carry forward America's high medical and health standards but who oppose certain parts of the President's program, will be termed reactionary.

And yet it is reactionary to point out that when the

state compels every individual to contribute a part of his earnings toward support of a public undertaking, that undertaking must inevitably become the property of the state? When the Federal government forces a person to subscribe to a prepaid medical system sponsored by the government, is there any other name for it but "state medicine?" Likewise, is it reactionary to point out the obvious contradiction in the statement that patients will have a free choice of doctors, but doctors will not be compelled to join the program? Suppose the doctor you want is not a member of the state medical system? Indications are that many doctors will not permit themselves to be put on the government payroll unless forced to do so. In other words, in order to have your free choice you may have to pay your medical bill twice—once to the government for a doctor you don't want and again to the doctor of your actual choice.

These are some of the questions the "reactionaries" are concerned about.—*Anaheim Bulletin*, December 21.

Prepayment Medical Care Organizations Operating in California

The Social Security Board of the Federal Security Agency, through its Bureau of Research and Statistics has brought off the press Bureau Memorandum No. 55 on "Prepayment Medical Care Organizations." Copies of this report may be obtained from the Superintendent of Documents, Washington 25, D. C., but twenty-five cents must be enclosed for copy of the same.

In its 148 pages the brochure gives interesting data concerning prepayment organizations. Other interesting statistical tables and information are appended.

The California plans appear on pages 42 to 54. The prepayment medical care groups therein listed include the following:

1. C. and H. Employees' Mutual Benefit Association, California and Hawaiian Sugar Refining Corporation, Ltd., 215 Market Street, San Francisco, California. L. M. Van Deusen, Insurance Manager.
2. Southern Permanente Foundation, Kaiser Co., Inc., Fontana, California. Ralph D. Mills, Administrator.
3. Valley Health Foundation, Security Bank Building, Glendale, California. Syd Green, President.
4. Employees' Medical Fund, Metropolitan Water District of Southern California, 306 West Third Street, Los Angeles, California. J. M. Luney, Controller.
5. Pacific Electric Railway Company Hospital Association, Pacific Electric Building, Los Angeles, California. William L. Weber, M.D., Chief Surgeon.
6. Ross-Loos Medical Group, 947 West Eighth Street, Los Angeles, California. H. Clifford Loos, M.D.
7. Santa Fe Coast Lines Hospital Association, The Atchison, Topeka, and Santa Fe Railway Co. (Coast Lines), 610 South St. Louis Street, Los Angeles, California. W. A. Morrison, M.D., Chief Surgeon.
8. Union Oil Company of California Employees' Benefit Plan, Union Oil Building, Los Angeles, California. John L. Greer, Secretary.
9. Hospital Service of California, 360 Fourteenth Street, Oakland 12, California. J. Philo Nelson, General Manager. (Surgical Plan).
10. Permanente Foundation Health Plan, Kaiser Co., Inc., Oakland, California. Sidney R. Garfield, M.D., Medical Director.
11. Stowe-Lipsett Medical Group, 521 Fourteenth Street, Oakland, California. F. J. Wuepper, Executive Manager.
12. Intercoast Hospitalization Insurance Association, 1127 J Street, Sacramento, California. (Surgical Plan.) P. A. Stitt, General Manager.
13. Complete Service Bureau, 328 Maple Street, San Diego, California. Dave Farmer, President.
14. Agricultural Workers Health and Medical Association, 709 Mission Street, San Francisco, California. S. Kerby-Miller, General Manager.
15. California Physicians' Service, 153 Kearny Street, San Francisco, California. A. E. Larsen, M.D., Medical Director.
16. F. W. Callison, M.D., and Staff, 450 Sutter Street, San Francisco, California. F. W. Callison, M.D., Chief of Staff.

17. Frank M. Close, M.D., and Staff, 728 Twenty-second Street, San Francisco, California. Frank M. Close, M.D., Chief of Staff.

18. Franklin General Benevolent Society, Franklin Hospital, Fourteenth and Noe Streets, San Francisco, California. Frank Schmidt, Superintendent.

19. Health Service System of San Francisco, 305 Civic Auditorium, San Francisco, California. Alexander S. Keenan, M.D., Medical Director.

20. La Societe Francaise de Bienfaisance Mutuelle, Geary Street, between Fifth and Sixth Avenues, San Francisco, California. Charles J. Malinowski, Superintendent.

21. Hospital Department, Southern Pacific Co., Fell and Baker Streets, San Francisco, California. C. A. Walker, M.D., Chief Surgeon.

22. Hospital Fund, Tide Water Associated Oil Co., 79 New Montgomery Street, San Francisco, California. J. F. Peattie, Chief Surgeon.

23. Western Pacific Railroad Co., Western Pacific Building, San Francisco, California. Alson R. Kilgore, M.D., Chief Surgeon.

24. South San Francisco Hospital, 500 Grand Avenue, South San Francisco, California. Edwin I. Bartlett, M.D.

25. Aircraft Workers' Medical Plan, Douglas Aircraft Co., Inc., Main Office, 3015 Ocean Park Boulevard, Santa Monica, California. C. M. Hinchey, Manager.

26. Columbia Employees' Hospitalization Plan, Inc., Columbia Steel Co., Torrance, California. John H. Hanks, Secretary.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Orange County Medical Association Presents Series of Public Meetings

The Orange County Medical Association has announced a series of public meetings covering new development in the medical sciences as they affect public health. The meetings are booked for January 22nd, February 12th, March 12th and March 26th and will be held at the Little Theatre in the Santa Ana High School, 520 West Walnut Street, Santa Ana. List of topics follows:

PROGRAM

- Jan. 22—*Penicillin—the Life Saving Miracle:*
3 speakers. (Questions from the floor.)
- Jan. 29—*Veneral Diseases:*
3 speakers. 'Teen age not too young to learn. Everyone should be interested in the new approach to an old problem. (Questions from the floor.)
- Feb. 12—*Preventive Medicine:*
3 speakers covering Industrial Health, Postwar problems here and abroad, Tuberculosis, Cancer, and Heart Disease. (Questions from the floor.)
- Feb. 26—*Modern Surgery:*
3 speakers presenting the highlights of this intriguing subject. (Questions from the floor.)
- Mar. 12—*Gifts of Modern Medicine:*
3 speakers covering the evolution in diagnosis and treatment, the Medical Specialties, and the Female Hormones. (Questions from the floor.)
- Mar. 26—*Blessed Events:*
3 speakers bringing up to date knowledge under the following headings:
What Price Baby?
New Baby Health Insurance.
Why a Cesarean Section?

Nutritional Aspects of Meat Shortage

Judging from the numerous calls received by the Los Angeles Health Department, the public is greatly concerned about the rumored meat shortage which might result from shutting down of meat packing establishments.

The "meat" of the situation is this: We are told that the independent packing companies can provide 60 to 70 per cent of the meat now being consumed. This supply will be ample if equitably distributed. Supplemented with protein foods other than meat, the reduced supply is no threat to optimum nutrition.

When food and money are plentiful, people eat more than is necessary to satisfy their needs for protein. A moderate reduction in available meat can therefore be sustained without nutritional loss. The problem to be met in satisfying appetites with less meat than usual is psychological and educational rather than biochemical.

To meet the 70 g. of protein per day recommended for an adult man weighing 70 Kg., the following foods may be consumed; 1 pint of milk, 3 ounces of meat, fish or poultry, 1 ounce of cheese or 1 egg, 3 ounces (1½ cup) of vegetables, 2 servings of fruit, 6 slices of bread. Some persons do not eat the well rounded diet outlined above. Others regularly eat meat twice a day, bringing their protein up to 90 g. or more, because they like meat. Vegetarians omit meat and add more milk, cheese, soybeans and grain products.

Those who feel abused at meat reduction need counsel on a psychological basis with the additions of information on ways to provide the "aminos" by proper combinations of available plant and non-meat animal proteins. It should be explained that certain protein foods if eaten alone are inadequate, but when teamed together, provide adequate essential proteins. People also need to be cautioned against the danger of buying uninspected meat, which will inevitably be offered if a meat shortage should be prolonged. Sources of protein other than meat: milk, cheese, eggs, beans, peas, fish, wheat bread, nuts, soybean, soybean bread, cereals, brewers yeast.

State Board of Public Health Items

90 PER CENT OF V.D. CLINIC PATIENTS HAVE SYPHILIS

Approximately 90 per cent of patients treated in venereal disease public health clinics in California have syphilis. Patients with gonorrhea and other venereal diseases make up the other 10 per cent of the clinic load.

The total number of patients being treated in clinics which report to the Central Tabulating Unit of the State Department of Public Health dropped from 11,602 in July, 1944, to 10,627 in June, 1945. There was a slight increase in the number of patients with primary, secondary and early latent syphilis from 2,740 in July, 1944, to 2,962 in June, 1945.

* * *

SOCIAL HYGIENE DAY

February 6, 1946, has been designated National Social Hygiene Day. First designated in 1937, the day usually is observed in many California cities by civic meetings and other educational programs.

* * *

REGISTRATION OF SANITARIANS HEAVY UNDER NEW LAW

More than 600 applications for certification as a registered sanitarian have been received by the State Department of Public Health under the provisions of the 1945 Sanitarian's Registration Act, Chapter 5, Sections 540 to 542 of the Health and Safety Code.

Under the act, a sanitarian is defined as a "person trained in the field of sanitary science and technology who is qualified to carry out educational and inspectional duties and enforce the law in the field of sanitation."

The act requires that the State Department of Public Health shall certify as a registered sanitarian any person who qualifies himself by one of the procedures outlined in the law.

* * *

E. K. MIDDLEHOFF RETIRES

Mrs. Eleanor K. Middlehoff, supervising clerk for the State Department of Public Health, retired from State service at the close of 1945.

Through giving assistance of exceptionally high qual-

ity to 11 State Health Officers, Mrs. Middlehoff has played a leading rôle in the development of the public health program in California. Her willingness to share her rich experience has proved of invaluable help to many beginners who have since achieved recognition and she has among her friends a large number of persons who are nationally and internationally known in public health and related fields.

From the beginning of her service Mrs. Middlehoff has been closely associated with the State Board of Health in the preparation of agenda and information for consideration by the board and in the writing of the minutes. During her years of employment, few meetings of the board have been held without her being present and her powers of recollection have been particularly helpful in preserving a continuity of action through different administrations.

Always keenly interested and able in legislative and legal affairs, Mrs. Middlehoff recently has been engaged in codifying for publication the rules and regulations of the State Board of Health.

The Doctor's Advice Is Best on Caring for a Baby, Says C. of C. Health Committee

From the time of its birth, every baby should have the benefit of care under the supervision of a doctor. Such is the advice of Health Advisory Council of the Chamber of Commerce of the United States, Washington.

"As pointed out by the Children's Bureau, most babies are well when they are born, and one of the most important helps toward keeping a baby well is the advice of a good doctor, particularly during the baby's first year when growth and development are fastest."

To keep a baby well, the Children's Bureau advises parents to:

See that he has a complete physical examination as soon after birth as possible and another about 2 to 4 weeks later.

Take him to a doctor regularly for general supervision.

Supply him with clothes that keep him comfortable and give him freedom to grow and use his developing powers.

Encourage him to grow up, but never try to force him ahead faster than he wishes to go.

Play with him.

Help him develop good habits.

See that he gets plenty of undisturbed sleep.

Keep him clean.

Give him as much sunshine and fresh air as the weather permits.

Give him enough clean, good food, at regular times and remember that breast feeding is best for the baby.

Keep him away from all sick people.

Make sure that he is given inoculations to protect him against diphtheria and smallpox, and also against whooping cough and tetanus if the doctor so advises.

Give him plenty of love and affection.

Try to give him a peaceful, happy babyhood in a peaceful happy family. Mothers who cannot afford to pay a private physician should consult their local or state health departments for the addresses of clinics or child-health conferences, the health committee suggests.

Influenza Decreasing—Type B Influenza Present in Los Angeles

According to the number of cases reported through January 12, to the Los Angeles City Health Department, influenza seems to have reached its peak and the trend is now down. There were 9, 17, 16, 82, 74, 128, and

190 cases reported respectively for the last seven weeks previous to this week and 1, 0, 0, 2, 5, 6 deaths. In the week of January 6, there were only 85 cases and 7 deaths.

While the number of cases reported comprise but a small fraction of the real total, it does give an index of trends. Only a small percentage of patients have a physician in attendance; and in many of these, reports are not made to the health department because of uncertainty of diagnosis on the part of the physician and other reasons.

Dr. Harold Pearson, virologist at the Los Angeles County Hospital, has found serologic evidence of the presence of influenza virus B in Los Angeles. Whether or not influenza A is here also has not been determined.

Vaccine for influenza virus A and B is commercially available now and seems to have some protective value. It must still be considered to be in the experimental stage, however and is quite expensive, costing around \$2.20 for the material for one immunization. It is apparently safe to use; it reduces the total number of cases of influenza in any given group, but does not develop immunity in every person so treated. Evidence indicates that immunity to the influenza virus is of short duration, probably only a few months. Economy would dictate, therefore, that influenza virus vaccines be given only in the face of a known epidemic rather than in anticipation of an outbreak.

Traffic Deaths and Personal Injuries

Because of the appalling increase in traffic deaths and personal injuries since V-J Day, August 14, 1945, and, because this increase is becoming nothing less than slaughter on the highways, the Medical Staff of the San Antonio Community Hospital, of Upland, California, met in conference on the evening of January 15, 1946, at the San Antonio Community Hospital, along with the law enforcement officials of the West End of San Bernardino County, the morticians and ambulance owners, the judges of the various courts and representatives of the Press, for the purpose of discussing and making recommendations of ways and means to reduce materially the heavy and unnecessary traffic fatalities. After a full evening of discussion by all those representatives present, a committee of three was appointed, consisting of Captain Frank Freeman, California Highway Patrol, San Bernardino County, Eugene Mueller, Chief of Police, Upland, California, and A. A. Aita, Superintendent of the San Antonio Community Hospital, Upland, California, to draw up a resolution incorporating the main factors brought out by this discussion.

Copy of resolution follows:

Resolution Adopted by the Safety Meeting of the Medical Staff of the San Antonio Community Hospital, Law Enforcement Officials, Township and Community Officials and Representatives of the Press, on January 15, 1946, at Upland, California

WHEREAS, The traffic accidents and the deaths resulting therefrom, have become a little less than slaughter since V-J Day; and

WHEREAS, These highway accidents are increasing monthly rather than decreasing; and

WHEREAS, Because a wanton disregard for safety on our highways is becoming more and more prevalent and a continuance of such disregard for safety will maim and kill hundreds of thousands of our population; now, therefore, be it

Resolved, That the following be provided without delay:

1. More traffic officers and greater frequency of patrol.
2. Driver educational program and
 - a. Educational program in our Junior and Senior high schools, with "behind the wheel" actual instruction.

- b. Prerequisite training and certification before issuance of driver's license.
- c. Physician's approval of ability of driver with physical disability.
3. All drivers involved in accidents to be reexamined within thirty days or driver's license revoked.
 - a. Immediate revocation of licenses of all drivers involved in accidents resulting in personal injury or death, pending reexamination.
 - b. Drivers apprehended operating a motor vehicle without a license to be incarcerated in county jail for a term of not less than ninety days, and during such incarceration, at the discretion of the department of motor vehicles, perform such duties in the general program to enhance the safety of our highways.
4. Heavier and uniform fines and sentences along with impounding of cars on all violations of drunken driving and/or reckless driving and/or driving without due caution or any wanton disregard of safety on the highway.
5. Improved engineering on all main highways to be at least four lane divided highways.
 - a. Immediate survey of dangerous intersections and removal of all obstructions impairing visibility.
 - b. More frequent location checks on mechanical equipment and driving ability by all traffic officers.
 - c. Adequate flood lighting of intersections, particularly those used by pedestrians and all main intersections.

Taxes Don't Insure Health

In his message to the legislature, Governor Earl Warren proposes a number of public health measures. Examples are the proposed School of Medicine for the University of California at Los Angeles, expansion of hospitals for the mentally ill and establishment of more hygiene clinics.

He did not mention compulsory prepaid health insurance, a measure which he sponsored at the last session.

In Washington, a poll of part of the Congress indicated a 7 to 4 margin of opposition to President Truman's compulsory insurance plan.

Opposition to the California and national health programs is based upon the argument that they do not insure health, that they are, in fact, taxation programs and very heavy ones.

In insurance, the rate or premium is proportionate to the risk involved. Policyholders who offer the same risk pay the same rate.

In the so-called health insurance programs, the man with good health gets no rating advantage over the man with ill health. Payments are not based upon the probable cost of caring for the individual, but upon his income.

Under President Truman's plan a man earning \$300 a month would be taxed \$144 a year. Another man earning \$100 a month would be taxed \$48 a year. They would receive the same protection. It may be a good idea, but it's not insurance.

The taxes which support our public hospitals and clinics are based upon the ability to pay taxes. The prosperous people help to provide facilities for their less prosperous, less healthy and less capable fellow citizens. It is a humane and reasonable public service. President Truman's plan might extend it.

But it's a misnomer to call it insurance and it should not be presented as such.—*Hollywood Citizen News*, January 15.

Organization of Medical Research Fund Completed

The organization of the Life Insurance Medical Research Fund has been completed and allocations of money will be begun shortly for research into diseases of the heart and arteries, announced M. Albert Linton, chairman of the joint fund committee of the American Life Convention and the Life Insurance Association of Amer-

ica. Mr. Linton disclosed that more than 143 life companies in the United States and Canada have been enrolled as members, while funds of more than \$3,500,000 are in prospect over the next six years.

"Research into the diseases of the heart and arteries has been chosen as the first field for attention by the fund because of its primary importance to the public and to life insurance policyholders. These diseases are the primary cause of death in the United States. Records show that they are responsible for nearly one-third of all policy-holder deaths," said Linton.

He explained that funds also will be allocated to support men in the research field who would be unable to carry on their activities unless aided in this way. These men will be called Life Insurance Medical Research Fellows.

A committee of four life insurance medical directors has been appointed to acquaint the Fund's advisory council with problems pertinent to life insurance, and to keep their own organizations informed about the work of the Fund, said Linton. A recognized leader in the field of medical research is being sought for the post of scientific director, he said, and as soon as the selection is made headquarters will be established and consideration of grants of funds will begin. Asa V. Call, president of Pacific Mutual Life, is a member of the board of directors of the Fund.

How Health Was Guarded In Atom Work

Elaborate precautions, including medical research as a scientific guide to the most effective use of safety devices, resulted in perfect protection against radiation for workers on the atomic bomb project, the University of Rochester said today.

A report on medical research conducted at the university under contract with the Manhattan Engineer District, in charge of atomic bomb development, declared that not a single person was injured by radiation while working on the project.

The report was approved by the office of Major General Leslie R. Groves, who directed the district.

A spokesman for the medical research project, organized here in March, 1943, said the work "may well have far-reaching effects in several branches of medicine, notably in the field of metabolism, both normal and pathological, and especially in cancer research."

The report also stated that physiological investigations of the mechanism of intoxication observed after radiation exposure "may have an important bearing upon the treatment of shock encountered in ordinary medical practice."

The laboratory, which devised safeguards for workers and new electronics instruments to measure the amount of radiation exposure, was in daily contact with atomic bomb assembly and research plants throughout the United States.

Animals Exposed

Samples of human workers' breath were taken and analyzed for evidences of radiation. In addition, workers wore pieces of unexposed film, protected against light. If the film was clouded upon development it indicated some radiation had reached the wearers.

"This information helped plant managers in determining when and where employees needed to wear rubber gloves and other protective devices against radiation," the report stated.

The amount of acute radiation that could be tolerated by a population in the event of accident or enemy action was studied in experiments during which animals were subjected to large single doses of radiation.

Council on Medical Service and Public Relations: American Medical Association

Its Immediate Labors

1946 YEAR FOR ACTION

1945 was American medicine's year of decision.

1946 is American medicine's year for action. In 1945 the Fourteen Point Constructive Program for Medical Care was proposed by the A.M.A. Council on Medical Service and Public Relations, approved by the Board of Trustees, and sanctioned by the House of Delegates.

Now 1946 must see this program put into action. That will be one of the chores of the Council. Two other tasks, placed specifically on the Council by the House of Delegates are:

1. Organization and incorporation immediately of a National Health Congress representative of the medical, dental, hospital, nursing, pharmaceutical, and allied professions.

2. Development of a specific national health program, with emphasis on the nationwide organization of locally administered prepayment medical plans sponsored by medical societies.

Local Voluntary Plans Should Be Stepped Up:

Development of local and state voluntary prepayment plans should be stepped up a pace rather than slowed down as a result of the action of the A.M.A. House of Delegates providing for the establishment of a national health insurance program. Word has come that work on several local plans has come to a momentary halt in anticipation of the national program as local groups apparently want to take a look-see at the A.M.A. proposals before going ahead with their program. This perhaps is only natural and logical but if continued it would tend to defeat the purpose of the action taken by the House of Delegates.

A Difficult Task:

As previously pointed out development of a national over-all plan is difficult and some even believe a "well-nigh" impossible task. No matter how difficult the task, it is the definite, determined desire of the Council to present such a plan to the Board of Trustees, but it will take time for a specific program to be formulated. Hence, work on plans now being done by state and local societies should go forward. This is not a static problem but one as chuck full of variables as an Einstein equation. The more varied these local plans are in form, the better this may be in the long run for the most workable, over-all master plan will come finally only through trial and error and evolution. This is the true scientific process. In fact here are the steps to be taken before a national program can be submitted to the public:

1. Formation of a plan by the Advisory Committee on Prepayment Medical Care of the Council.

(This is being done by the Committee and it expects to be ready to make a preliminary report this month.)

2. Presentation of program for approval of the Council itself.

3. Presentation to Board of Trustees for approval.

4. Notification of the Societies of the plan.

5. Release of the plan to the public.

To complete each one of these steps even if all goes as smoothly as is hoped will take some weeks.

How Socialized Medicine Has Operated in New Zealand

Some striking facts showing the effects of a system of state medical care in actual operation are reported by Quentin Pope, a journalist, who has been making a study of the system in New Zealand. That country, under a

socialist government, adopted a program of state medical care six years ago. It has resulted in greatly increased costs, overcrowded hospitals, a demoralized medical profession, and a general lowering of the standards of medical care.

The number of civilian persons admitted to hospitals in New Zealand has more than doubled, although the population has increased very little. In each hospital, much of the capacity is taken up by aged and chronically ill patients who ordinarily would have received care at home, but have been dispatched to hospitals by families eager to be relieved of their care. As a result, many vital hospital services have suffered. At the same time, the national bill has quintupled, from an original 5,000,000 a year budgeted for all physicians' services, to a present budget of \$25,000,000 per year.

The number of consultations has greatly multiplied, in spite of a wartime shortage of doctors, and a large number of the patients are described as persons anxious to "nurse their neuroses." As a result, overburdened physicians often deny care to cases presenting complications and dispatch them to hospital in order to run their practice on a production-line basis. Nearly all members of the profession agree that it has lowered standards of medical care and encouraged doctors to think primarily of getting the maximum number of fees.

We believe these evil results are inseparable from any system of compulsory medical care fostered by the government. A far better solution of the problem of bringing medical and hospital care within reach of the average wage earner is offered by voluntary nonprofit health care programs such as the Blue Cross. Medical societies all over the country have endorsed these plans and advocated their extension. If the medical profession will get behind them, there is no question but that they can be made far more effective and beneficent than any plan of socialized medicine. They might enlist the services of the best men in the profession, as socialized medicine seldom does.—*Mountain View Register-Leader*, December 20.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

General Eisenhower Commends Army Nurse Corps on Their 45th Anniversary

In commemoration of the forty-fifth anniversary of the Army Nurse Corps, General Dwight D. Eisenhower, Chief of Staff, has issued the following statement:

"In joining the celebration of the forty-fifth anniversary of the Army Nurse Corps, we of the Army are glad to say that it has been our privilege to serve with these fine soldiers. During World War II the members of the Army Nurse Corps have served with the Army wherever it has been stationed. They have shown us that for them no day has been too long nor night too dark.

"We know that the demands we have placed upon them in hospitals both at home and overseas have called for unusual courage and great sacrifice. We also know that with inherent fortitude they have met, with our fighting men and the wounded, conditions to strain the nerves of the staunchest. And today, we find them still keeping faith with our convalescent troops wherever they may be.

"On February 2, 1946, when the Army Nurse Corps celebrates its founding, thousands of men will recall with grateful appreciation the many occasions when understanding Army nurses have helped them through dark

moments. For the loyal women the Army Nurse Corps has given us since its inception and for its supporting rôle in the recent world conflict, I add my sincere and humble thanks. I know all Americans will join me in saying 'Many happy returns of the day.'

Facts About Nursing 1945

Facts About Nursing, 1945, statistical handbook published by the Nursing Information Bureau, presents evidence of the scope and volume of the contribution of the nursing profession to the war effort.

More than 100,000 registered professional nurses volunteered for military service, and well over 75,000, approximately one-third of the total number known to be in active practice of their profession, have given service to the sick and wounded of the Army and Navy. Over \$175,000,000 appropriated by Congress for nursing education since 1941, resulted in spectacular increases in enrollment of students in schools of nursing, and in the number of nurses graduated each successive year. A growing proportion of nurses over 50 years of age who cared for the sick at home and in hospitals, is further evidence of the patriotic response of older, retired and married nurses to the nation's need.

The need for more nurses qualified through advanced preparation and experience to render responsible and specialized services, is indicated in reports of vacancies on nursing school faculties; of almost 1,000 counties which have no public health nursing services; and of disturbing increases in the incidence of such diseases as diphtheria, poliomyelitis and tuberculosis. Opportunities are set forth in the chart which forms the center spread of the pamphlet. Minimum and maximum salaries depending on the preparation and responsibilities involved, head each column.

The 1945 edition of *Facts About Nursing*, like its several preceding issues, may be ordered from the Nursing Information Bureau of the American Nurses' Association, 1790 Broadway, New York 19, N. Y. The price is 25c.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

UNRRA to Outfit 28 Hospitals in Europe

Packaged as neatly as deliveries from a city department store, complete outfits for 28 hospitals, totaling more than 26,000 beds, are on the way to three stricken countries in Europe as result of efforts of special representatives of the United Nations Relief and Rehabilitation Administration, according to word received at the agency's Washington headquarters.

The hospital outfits, purchased from Army surpluses in the United Kingdom and on the European continent, are being trucked or shipped by sea to Poland, Czechoslovakia, and Yugoslavia. After VE-Day, the Army intended to trans-ship the outfits to Japan, but victory in the Pacific made that unnecessary.

Hence, thousands of sick men, women and children in the three countries will have available in a short time hospital facilities which otherwise probably would not have been open to them for years.

The outfits are so complete that they include everything from surgical instruments to beds and blankets, account books and case record charts.

Diseases resulting from malnutrition, exposure and filth have swept across Poland, Czechoslovakia and Yugoslavia. Tuberculosis and venereal infections have shown vast increases. . . .

UNRRA will not supply buildings for the hospitals. The individual governments will furnish them, and the outfits furnished by UNRRA will transform them into operating institutions.

Tuberculosis Patients in General Hospitals

Many general hospitals refuse admission to patients afflicted with pulmonary tuberculosis and many insist upon the removal of patients whenever diagnostic study discloses the presence of this disease. Advances made in the treatment of tuberculosis, particularly "collapse therapy" and other surgical procedures, make it readily possible for the general hospital to admit many such patients, particularly in certain phases of the illness, but special institutions and tuberculosis sanatoria will still be needed. General hospitals could materially assist in the campaign for the further reduction and possibly the eradication of pulmonary tuberculosis by providing routine radiological examinations of the chests of all patients upon admission. New techniques have materially reduced the costs of such examinations. As a routine procedure, chest filming has been shown to be of greater value in disclosing abnormal conditions than is true of many other routine diagnostic procedures now generally practiced, such as urinalysis, blood counts and serological examinations. *Hospital Survey News Letter*, Commission on Hosp. Care, Nov., 1945.

MEDICAL EPONYM

Waterhouse-Friderichsen Syndrome

Rupert Waterhouse (b. 1873), pathologist and assistant physician at the Royal United Hospital, Bath, reported "A Case of Suprarenal Apoplexy" in the *Lancet* (1:557, 1911). A portion of the article follows:

"A male child, aged 8 months . . . throughout the morning had been very drowsy and had 'looked strange' . . . had not seemed in pain, had taken nourishment readily, and . . . the bowels had acted as usual. About 3 o'clock in the afternoon he vomited. . . . Previously the child had always seemed perfectly healthy. . . . On account of the parents' conscientious objections the child had never been vaccinated. . . .

"On admission the infant was obviously very ill: complexion grey, eyes dull, breathing rapid, shallow, and noiseless; temperature 100.4°F., pulse 140, and respirations 72. Rales could be heard all over the chest. . . . There were no signs of meningitis, and nothing abnormal was to be seen in the mouth or fauces. Two hours after admission an extensive eruption of purple spots and blotches appeared over the whole trunk, upper arms and thighs. . . . The child rapidly grew worse, . . . and death occurred at 7:30 p.m.

"...The post-mortem examination was made 22 hours later . . .

"The lungs were congested and oedematous. . . . The suprarenal capsules were striking objects even before their removal from the body; of little more than normal size for a child of his age, they were both of a deep purple colour and evidently the seat of hæmorrhage. . . . Microscopically the structure of the medulla was seen to be completely destroyed and replaced by effused blood. . . . All the other organs appeared natural. . . .

"The case related above appears to form one of a distinct group . . . all infants between the ages of 2 and 15 months, and all of whom died after an illness lasting in the majority less than 24, and in none more than about 48 hours. In all but three a hæmorrhagic rash of greater or less extent was present. . . . Apart from the lesions of the adrenals and the hæmorrhagic rash, the most constant post-mortem findings have been intense engorgement of the lungs. . . ."

Eight years later Carl Friderichsen (b. 1886), then assistant in the children's department of the State Hospital in Copenhagen, discussed "Nebennierenapoplexie bei kleinen Kindern [Suprarenal Apoplexy in Young Children]" in the *Jahrbuch für Kinderheilkunde und pssische Erziehung* (87 N. F.: 109-125, 1918). A portion of the translation follows:

"Although suprarenal hemorrhages in the newborn . . . are not an unusual finding, they must be regarded as rare occurrences in older infants, and the lesion is then as a rule bilateral, symmetrical and takes place so acutely that we occasionally are confronted with a sudden fatal result. . . .

"The disease seems to occur with equal frequency in boys and girls. The greater number of the patients are originally breast-fed infants who have later been placed on mixed diets. . . .

"The affected children have uniformly been quite healthy, well developed and nourished, who have never had anything the matter with them, and who during the preceding day and evening complained of no symptoms of any sort. Toward morning they awoke suddenly with a cry, often vomited, and occasionally had thin, scanty evacuations. Rarely convulsions are described. The illness quickly assumes disturbing characteristics. The patients are brought to the hospital almost moribund, with marked and constant *alternating cyanosis and pallor*, but without severe dyspnea and without signs of pulmonary disorder—a temperature of 39 to 41°C. [102.2 to 105.8°F.] a small, soft, very irregular pulse, with some unconscious and others visibly disturbed by marked anxiety. Examination reveals normal heart and lungs. As a rule several hours after the onset of the illness, often only a few hours before exitus, there appears scattered over the trunk, the extremities and the nates, in addition to the marked cyanosis, a *purpuric eruption*, at first in the form of small reddish-blue petechiæ with angulated or star-shaped outlines, quickly developing into suffusions the size of the palm, rounded in shape, the edges merging and finally becoming confluent with an elevated blue-black surface. Death follows shortly from six to twenty-four hours after the first indication of the disease, without one's being able to find other symptoms or any specific cause.

"Autopsy regularly shows only the skin hemorrhages and hemorrhages in the suprarenal glands, both in the cortex and the medullary zone."—R. W. B. in *The New England Journal of Medicine*.

Tuberculosis Mortality Rates

There is still much ahead in the control of tuberculosis. Mortality reports may give the number who die, but it is also necessary that contacts be ascertained to find others who need medical care or to locate sources of infection who must be kept apart from the well. In 1943, only 33 per cent of the deaths from tuberculosis in Indiana were reported before the death certificate was recorded. Many of these were undoubtedly properly diagnosed and under care for some time, yet there were also many whose disease was not recognized until too late.

There is need for greater recognition of the problem of the recovery of the aged. Many are of the chronic type, able to be about, and therefore more dangerous because of the potentialities of spreading infection to others, particularly young children. Tuberculosis mortality rates are falling, but in general the percentage reduction is much higher in the younger groups than among those of older age. Murray A. Auerbach, Bulletin, Indiana State Bd. of Health, Nov. 1945.